

REGISTRATION FORM



CHILD'S FULL NAME

HOME ADDRESS

POSTCODE

TELEPHONE

DATE OF BIRTH

MALE / FEMALE

AGE ON ENTRY

POSITION IN FAMILY

PERSON(S) WHO HAS LEGAL RESPONSIBILITY

EMERGENCY CONTACT DETAILS (PLEASE ATTACH PHOTO OF EACH CONTACT)

1ST PARENT/CARER NAME

RELATIONSHIP

TELEPHONE: MOBILE

HOME

WORK

2ND PARENT/CARER NAME

RELATIONSHIP

TELEPHONE: MOBILE

HOME

WORK

3RD CONTACT NAME

RELATIONSHIP

TELEPHONE: MOBILE

HOME

WORK

4TH CONTACT NAME

RELATIONSHIP

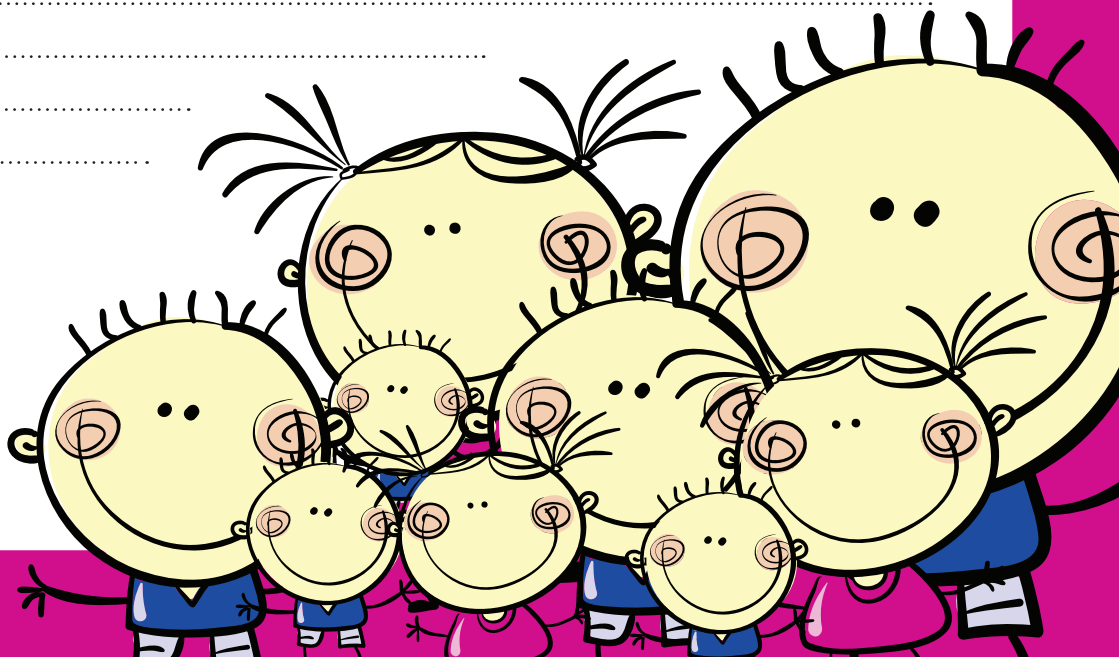
TELEPHONE: MOBILE

HOME

WORK

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DIETARY REQUIREMENTS

KNOWN ALLERGIES

SPECIFIC MEDICAL NEEDS

DETAILS OF ANY REGULAR MEDICATION

INJECTIONS / IMMUNISATIONS

AGE DUE	IMMUNISATION	IMMUNISED	DATE
2 MTHS	DIPHTHERIA / TETANUS/HIB WHOOPING COUGH / POLIO	YES/NO	.....
	PNEUMOCOCCAL (PCV) VACCINE	YES/NO	.....
3 MTHS	DIPHTHERIA / TETANUS / HIB WHOOPING COUGH / POLIO	YES/NO	.....
	MENINGITIS C	YES/NO	.....
4 MTHS	DIPHTHERIA / TETANUS/HIB WHOOPING COUGH / POLIO	YES/NO	.....
	PNEUMOCOCCAL (PCV) VACCINE	YES/NO	.....
12 MTHS	MEASLES, MUMPS, RUBELLA	YES/NO	.....
	PNEUMOCOCCAL (PCV) VACCINE	YES/NO	.....
	HIB/MENINGITIS C BOOSTER	YES/NO	.....
3 - 5YRS	DIPHTHERIA/TETANUS/POLIO	YES/NO	.....
	MEASLES, MUMPS, RUBELLA	YES/NO

DOCTORS NAME, ADDRESS AND TELEPHONE NUMBER

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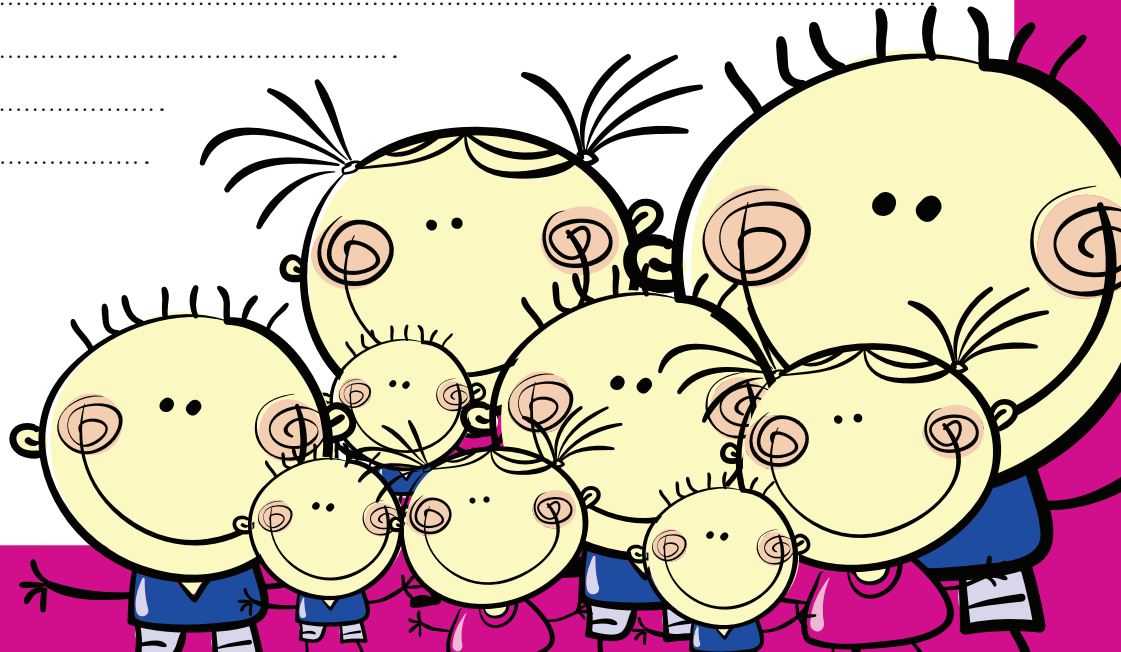
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HEALTH VISITORS NAME AND TELEPHONE NUMBER

DOES YOUR CHILD HAVE ANY IDENTIFIED SPECIAL NEEDS?

DOES YOUR CHILD RECEIVE SUPPORT FROM OTHER PROFESSIONALS I.E SPEECH THERAPIST,
FAMILY SUPPORT WORKER, SOCIAL WORKER?

HOME LANGUAGE

OTHER LANGUAGES SPOKEN

ETHNIC BACKGROUND

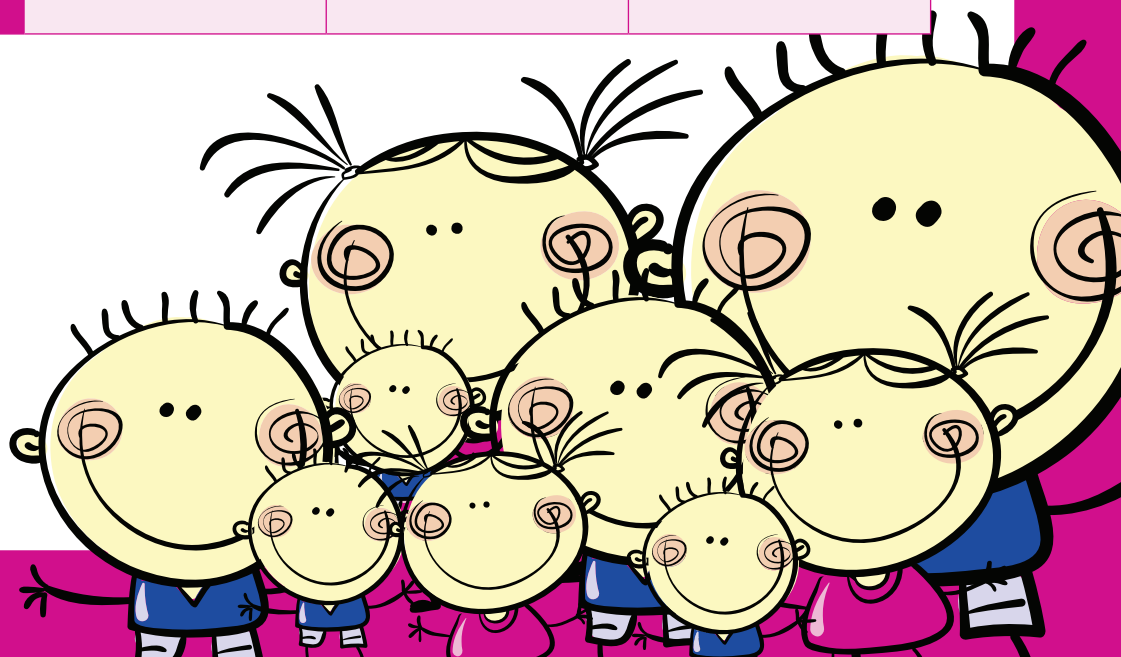
RELIGION/FAITH

BOOKING REQUIREMENTS

REQUESTED START DATE

PLEASE TICK TO INDICATE REQUIRED SESSIONS

	AM SESSION 7.00 - 12.30	PM SESSION 12.30 - 6.00	ALL DAY 7.00 - 6.00
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			



CONSENT FORM

I DO / DO NOT* GIVE MY CONSENT TO STAFF AT KIDDI-WINKS TO SEEK EMERGENCY MEDICAL ADVICE AND/OR TREATMENT IN MY ABSENCE.

I DO / DO NOT* GIVE MY CONSENT TO STAFF AT KIDDI-WINKS TO ADMINISTER CALPOL TO MY CHILD IF THEIR TEMPERATURE REACHES 37.8°C. I UNDERSTAND THAT IF MY CHILD HAS A TEMPERATURE THEY MUST BE SENT HOME.

I DO / DO NOT* GIVE MY CONSENT TO STAFF AT KIDDI-WINKS TO APPLY SUN CREAM TO MY CHILD.

I DO / DO NOT* GIVE MY CONSENT TO STAFF AT KIDDI-WINKS FOR MY CHILD TO GO ON OUTINGS AND TRIPS (E.G. PARKS, LIBRARIES, SHOPS)

I DO / DO NOT* GIVE MY CONSENT TO STAFF AT KIDDI-WINKS TO APPLY FACE PAINT TO MY CHILD.

I DO / DO NOT* GIVE MY CONSENT TO STAFF AT KIDDI-WINKS TO PHOTOGRAPH/VIDEO MY CHILD FOR USE ON; (PLEASE TICK WHERE YOUR CHILD'S PHOTOS/VIDEOS CAN BE USED)

OBSERVATIONS (TAPESTRY APP)

INTERNAL DISPLAYS

KIDDIWINKS WEBSITE

FACEBOOK / TWITTER

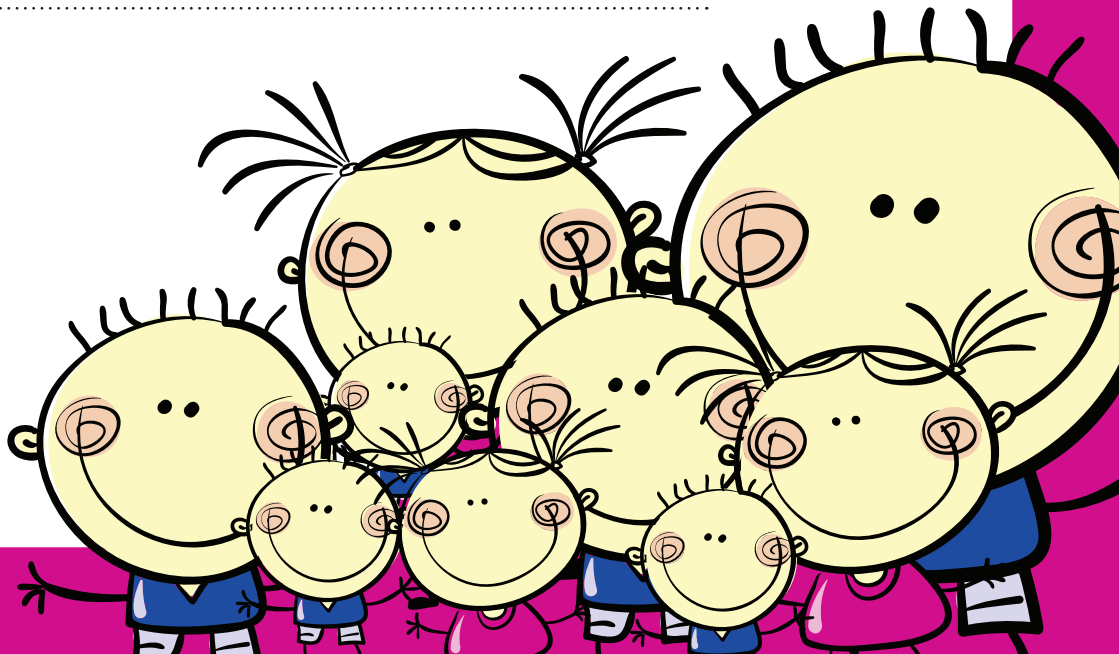
I/WE HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS ON THE BOOKING FORM REFERRING TO: THE DEPOSIT PAYABLE; THE MONTHLY PAYMENT OF FEES; THE NOTICE REQUIRED SHOULD I/WE REMOVE OUR CHILD FROM THE NURSERY. I/WE CONFIRM THAT OUR CHILD HAS RECEIVED THE MANDATORY IMMUNISATIONS. I/WE HAVE COMPLETED THE CONSENT FORM AS REQUESTED.

SIGNED

DATE

PRINT NAME

*Delete as appropriate



SAFEGUARDING CHILDREN

SAFEGUARDING CHILDREN FROM ABUSE IS THE RESPONSIBILITY OF EVERYONE IN THE COMMUNITY.

THIS STATEMENT IS INTENDED FOR USE BY ALL REGISTERED AND VOLUNTARY CHILDCARE PROVIDERS, WHOSE RESPONSIBILITY IT IS TO SHARE ANY CONCERNS WITH CHILDREN'S SOCIAL CARE, THAT A CHILD MAY BE AT RISK FROM ABUSE OR BEING ABUSED.

IN LINE WITH STOCKPORT'S SAFEGUARDING CHILDREN BOARD GUIDELINES, CHILDCARE PROVIDERS ARE REQUIRED TO ADVISE PARENTS, PRIOR TO A REFERRAL BEING MADE TO CHILDREN'S SOCIAL CARE. IN CERTAIN CIRCUMSTANCES IT MAY BE NECESSARY TO MAKE A REFERRAL WITHOUT PARENTS' KNOWLEDGE OR CONSENT.

CHILDCARE PROVIDERS ALSO HAVE A RESPONSIBILITY TO INFORM PARENTS/CARERS OF ANY ACCIDENTS OR INJURIES A CHILD SUSTAINS WHILST IN THEIR CARE. IT IS ESSENTIAL THAT PARENTS/CARERS INFORM CHILDCARE PROVIDERS OF ANY ACCIDENTS OR INJURIES THAT THEIR CHILD HAS SUSTAINED AT HOME OR ELSEWHERE.

CHILDCARE PROVIDERS ARE REQUIRED TO RECORD ANY ACCIDENTS, INCIDENTS OR INJURIES IN THEIR ACCIDENT/INCIDENT BOOK. PARENTS/CARERS WILL BE ASKED TO READ AND SIGN THIS BOOK.

I HAVE READ AND UNDERSTOOD THIS STATEMENT AND HAVE ACCESS TO THE SETTINGS CHILD PROTECTION POLICY.

SIGNATURE PARENT/CARER

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OF (CHILD'S NAME)

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DATE

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