



CHILDCARE at

Contract between provision and parents/carers and registration form

<p><i>School address:</i></p> <p><i>Contact details: phone no / email</i></p>

Information recorded here is kept confidential – in line with GDPR guidelines.

Concisely we keep records:

- To enable us to contact parents/emergency contacts
- To enable us to be aware of children’s needs, (medical, dietary etc....) ensuring we keep all children safe and enabling us to act quickly and appropriately in an emergency situation.
- To keep you updated about our service

We would like to send you information about our provision by email/phone/post but we need to have your permission to do so. We keep your information secure and will never share it unless required to do so by law. You can withdraw your consent at any time and ask for your data to be erased from our records.

By ticking the box you are consenting to us to holding and processing this data and allowing us to communicate information with you.

Data Collection Sheet

PUPIL DETAILS				
Surname of Pupil		Legal Surname		
Forename of Pupil		Middle name		
Chosen Forename		Gender		Date of Birth
Home Address of Pupil				

It is important that we hold correct parental address details and contact information in case of an emergency.

It is your responsibility to inform the school of any changes.

Please list details of all persons who hold parental responsibility and anyone else that you wish us to contact in an emergency.

Place them in the order you wish them to be contacted.

Please ensure you add an e-mail address as information may be sent out by e-mail.

1 Contact Information		Address		Contact Details	
Name (including title)				Home Tel No.	
				Work Tel No.	
				Mobile No.	
Relationship to Child				E-mail Address	
Parental Responsibility	YES / NO	Postcode			
2 Contact Information		Address		Contact Details	
Name (including title)				Home Tel No.	
				Work Tel No.	
				Mobile No.	
Relationship to Child				E-mail Address	
Parental Responsibility	YES / NO	Postcode			
3 Contact Information		Address		Contact Details	
Name (including title)				Home Tel No.	
				Work Tel No.	
				Mobile No.	
Relationship to Child				E-mail Address	
Parental Responsibility	YES / NO	Postcode			

4 Contact Information		Address		Contact Details	
Name (including title)				Home Tel No.	
				Work Tel No.	
Relationship to Child				Mobile No.	
				E-mail Address	
Parental Responsibility	YES / NO	Postcode			

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Please list all other siblings who are currently attending childcare provision			
Name			Year
Name			Year
Name			Year

Education History:			
<i>Please give details of schools attended</i>			
Name of School			Town /City
Dates Attended	From:	To:	
Name of School			Town /City
Dates Attended	From:	To:	

Please confirm that we have consent to access your child's registration details from their school if needed:

SIGNATURE			DATE	
RELATIONSHIP TO PUPIL				

MEDICAL INFORMATION**Doctor's name****Telephone number****Medical practice address****Medical conditions we should be aware of including allergies****Dietary Requirements****Disability**

The school has a duty under the Disability Discrimination Act to collect any information on any disability your child or immediate family / carer may have. This is to ensure the school can seek to meet your individual needs. All information provided will be treated with the strictest confidence.

Pupil disability**Parent / Carer Disability****SIGNATURE****DATE****RELATIONSHIP TO PUPIL**

Child's preferred language:

<input type="checkbox"/> Welsh	<input type="checkbox"/> Other communication
<input type="checkbox"/> English	
<input type="checkbox"/> Bi-lingual Welsh - English	
<input type="checkbox"/> Other spoken language	

ICT Acceptable Use Policy Agreement

PUPIL DETAILS	
Name	

Parent / Carer Permission

- As the parent / carer of the above *pupil*, I give permission for my son / daughter to have access to the internet and to ICT systems at the childcare provision.
- I understand that the setting will take every reasonable precaution, including monitoring and filtering systems, to ensure that young people will be safe when they use the internet and ICT systems. I also understand that the school cannot ultimately be held responsible for the nature and content of materials accessed on the internet and using mobile technologies.
- I understand that my son's / daughter's activity on the ICT systems will be monitored
- I will encourage my child to adopt safe use of the internet and digital technologies at home and will inform the school if I have concerns over my child's e-safety.

Parent/Carer's Name	
Signed	
Date	

Collection from School

Please could you complete the table below indicating who has permission to collect your child from school and their relationship to your child

NAME	RELATIONSHIP TO PUPIL		
SIGNATURE (Parent / Guardian)		DATE	
RELATIONSHIP TO PUPIL			

Arrangements in the case of sickness and/or any emergency:

The setting does not accept children who are unwell and we expect parents/carers to inform us on the day (or sooner) if their child will not be attending. If a child becomes unwell during their stay with us we contact the parent/carer at the earliest opportunity.

While every attempt will be made to contact you in an emergency, there may be a situation when it is deemed necessary to administer basic first aid to your child (of which a written record will be kept) and in an emergency call the emergency services.

Please sign below giving your consent to such action taking place in your absence:

<p>I give my consent to the administering basic first aid (of which a written record will be kept). Signature of parent/carer: _____ Date: _____</p>
<p>I give my consent to the signing of any written form or consent required by hospital authorities if the delay in getting my signature is considered by the medical practitioner in attendance to endanger my child's health and safety. Signature of parent/carer: _____ Date: _____</p>
<p>I recognise I need to collect my child as soon as possible if they are unwell. Signature of parent/carer: _____ Date: _____</p>

How to Book and Bookings Explained

For individual settings to agree

We encourage parents/carers to book **regular sessions** to guarantee they have a space.

Please note: All childcare settings are **nut free** areas. Snacks and lunches will be provided.

Sessions available:

Full day

AM only

PM only

Agreement between parent(s)/carer(s) and *the LA childcare provision at*

.....

- I understand that by completing and signing this contract and registration form I agree to meet the terms and conditions of *the childcare provision at*

.....

- I will inform the provision of any changes in circumstances relating to the above or anything that may affect my child.

Name of parent/carer 1:

Signature of parent/carer:

Date:

Name of parent/carer 2:

Signature of parent/carer:

Date: