Logo, company name

Description automatically generated**All Saint Wrap Around Care Registration Form**

The relationship between a child's parents and a setting is crucial to the child's well -being. The welfare, safety and protection of your child are at the heart of everything we do. To enable us to make the best provision for your child we are officially required to ask for information to be provided to us. Thank you for your co-operation.

|  |  |
| --- | --- |
| **Child’s Current Full Name** |  |
| **Also Known As** |  |
| **Date of Birth** |  |
| **Class** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Current Address** |  | | |
|  | **Post Code** |  |
| **Home Telephone Number** |  | | |
| **Email of Main Contact** |  | | |

**Details of Parents/Carers & Emergency Contacts**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Main contact** | **Additional Emergency Contact** | **Additional Emergency Contact** |
| **Name(s)** |  |  |  |
| **Relationship** |  |  |  |
| **Address** (if different from above) |  |  |  |
| **Home Tel** |  |  |  |
| **Work Tel** |  |  |  |
| **Mobile** |  |  |  |
| **Email**  (Main Contact Only) |  |

Please confirm below whom you authorise to collect your child.

I understand that is my responsibility to have obtained consent from all emergency contacts to supply their personal information. AGREE ☐

|  |  |
| --- | --- |
| **Names** | Contact Numbers |
|  |  |
|  |  |

**Health & Welfare Information**

|  |  |
| --- | --- |
| **Any known allergies/illnesses** |  |
| **Any additional needs** |  |
| **Any dietary requirements** |  |
| **Is the child on the SEN register?**  **If Yes please provide further details** |  |

|  |  |
| --- | --- |
| **Child’s Doctor’s Name** |  |
| **Doctor’s Address** |  |
| **Doctor’s Phone Number** |  |

|  |  |
| --- | --- |
| **Please give details below of any of the following factors that may be relevant to your child:** | |
| Names, roles and contact details of any professionals who have contact with your child or family |  |
| Any relevant court orders in place including those which affect any person's access to the child (e.g. residence order, contact order, care order, injunction etc.) Is there any information from these orders that our setting needs to be aware of which will help us to care for your child? |  |
| Any child protection plan which your child is subject to? |  |
| Any other factors which may impact on the safety and welfare of the child? |  |

Safeguarding Children Statement: Please note that if we have any concerns about your child's development, welfare or safety, we will speak to you immediately. We are required to keep records of these concerns, and when we feel it necessary the advice of other professionals will be sought (in accordance with our Safeguarding Children Policy and Procedures). All matters will be dealt with in consultation with parents / carers and in the strictest confidence.

GENERAL DATA PROTECTION REGULATIONS 2018

We are required by law to keep certain information regarding you and your child for statutory and for business purposes. We will not keep any more information than necessary. This information is kept securely on our premises in locked cabinets and only accessed by the Management Team key holders. We will only use your (including your child’s) personal information to provide a childcare service to you.

We keep your information so you can receive important updates, invoices, information regarding your child. We will keep your information secure and will not share it except if required by law to do so. We will not retain information any longer than the legally required timescales. (For more information please contact your manager).

By signing this form you understand the need for us to continue holding and processing your data, and to us sending you information. Should you wish to view your child’s file, please see our Access in Information Policy and Confidentiality & Data Protection Policy.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_