



# COMBERTON PLAYGROUP

CIO No: 1175029

## REGISTRATION FORM

Child's 1st Name(s) \_\_\_\_\_

Child's Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile(s): \_\_\_\_\_

Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Parent Full Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Occupation: \_\_\_\_\_

Other children in family (including dates of birth): \_\_\_\_\_

### ADDITIONAL PARTICULARS

First Language: \_\_\_\_\_ Additional language(s): \_\_\_\_\_

Relevant medical problem(s) e.g. Hay fever, Asthma, Diabetes: \_\_\_\_\_

Vaccinations up to date Yes [ ] No [ ]

Any fears or difficulties: \_\_\_\_\_

**I give permission for Emergency Treatment or Advice to be sought for my child if necessary.**

Signed: \_\_\_\_\_

My child will drink Milk [ ] Water [ ]

Early help Assessment in place Yes [ ] No [ ]

Locality or Social care involvement Yes [ ] No [ ]

Has your child had their 2 year check Yes [ ] No [ ]

### DAYS (Playgroup use only)

Early Risers	Early Risers	Early Risers	Early Risers	Early Risers
Mon a.m.	Tues a.m.	Wed a.m.	Thurs a.m.	Fri a.m.
Lunch	Lunch	Lunch	Lunch	Lunch
Mon p.m.	Tues p.m.	Wed p.m.	Thurs p.m.	Fri p.m.

### Child Identification:

Birth certificate, passport, NHS card or other formal ID has been seen

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Staff only)

**CHILD PROTECTION STATEMENT**

It may be helpful for parents to know that the Local Education Authority requires staff to report any obvious or suspected cases of child abuse, which includes non-accidental injury, severe physical neglect, emotional abuse and/sexual abuse.

This procedure is intended to protect children at risk and schools and playgroups are encouraged to take the attitude that where there are grounds for suspicion it is better to be safe than sorry. This does mean that staff risk upsetting some parents by reporting a case, which on investigation proves unfounded. In such circumstances, it is hoped that parents, appreciating how difficult it is for staff to carry out this delicate responsibility, will accept that the staff are acting in what are believed to be the best interests of the child.

**OUTINGS AND VISITS**

The children go out on different occasions, particularly during the summer term when we try to arrange a number of visits. We require your written permission for your child to participate in these activities. This can be achieved by the addition of your signature to the statement below.

I GIVE PERMISSION FOR MY CHILD \_\_\_\_\_ TO PARTICIPATE IN OUTINGS AND VISITS.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**FEES - TERMS and CONDITIONS**

A full terms fees are payable during the first full week of term. Payments by instalments are available. Post dated cheques should be submitted during this week. NO REFUND will be made for absences due to illness or holidays etc. A full terms notice is required of intention to withdraw your child from any sessions booked, a terms fee will be due in lieu of notice, with the exception of planned transfer to Primary school. Failure to pay in full 2 weeks before the end of each term will result in the matter being referred to the courts, whose charges will be added to, and payable with the invoice debt.

I HAVE READ AND ACCEPT THE ABOVE TERMS AND CONDITIONS.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

I understand that, whilst the staff and helpers will make every effort to ensure that high standards of hygiene and safety are maintained, neither they nor the managers, can in any way be held liable in the event of accident or illness, when taking part in food preparations.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

The General Data Protection Regulations (GDPR) govern how we control and process information. These regulations apply regardless of whether data is stored electronically, on paper or other materials. To comply with the law, personal information must be collected, used fairly, stored safely and not disclosed unlawfully. Under GDPR legislation you have the right to access the information we hold about you and your child at anytime.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Please give details of any cultural or Religious needs.

Regular Collection of Child by:

Comberton Playgroup would like to take and store photographs of your child for use on only the Playgroup premises, in our Playgroup Journey books to look back on through the years.

I GIVE PERMISSION FOR COMBERTON PLAYGROUP TO KEEP AND STORE PHOTOGRAPHS .

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_