

Dimension Childcare Registration Form



Child's Name:	Date of Birth:
Sex:	Religion:
Ethnic Origin:	Child's First Language:
Position in Family:	Specific Access Requirements:

Name of person(s) holding parental responsibility	
Parent 1:	Parent 2:
Home Address:	Home Address (if different):
Telephone No:	Telephone No:
Mobile No:	Mobile No:
Email Address:	Email Address:
Work Address:	Work Address:
Telephone No:	Telephone No:

Start Date Required:

Monday	Tuesday	Wednesday	Thursday	Friday

Emergency Contact Name (Other than parent)	Relationship to child:	Telephone No:	Password:

Authorised Collection Name (other than parent)	Relationship to child:	Telephone No:	Password:

Medical Information:	
Important medical conditions (e.g. Allergies):	
Injections received: Immunisation record:	
CHILD'S DOCTOR Name: Address: Telephone No:	
CHILD'S HEALTH VISITOR Name: Address: Telephone No:	
CHILD'S DENTIST Name: Address: Telephone No:	
Toilet requirements:	
Special dietary requirements:	

Information about your Child and Parental Permissions (overleaf)

Please answer these questions in as much detail as possible. This will help us get to know your child and help him or her settle in as quickly and smoothly as possible. If any requirements change, please ask us for a new information sheet.

Child's Name:

Date:

Are there any milk feeds given to your child during the day?

At what times?

What type of milk does your child drink?

What juice/water does your child drink?

Does your child have any day time sleeps? If so what times?

Does your child have a comforter / dummy?

What are your child's favourite songs/games/toys?

Is there any other specific information we should know about your child?

Dimension Childcare provide a text and email service as a means of communication. For example, to inform parents of the closure of the setting due to adverse weather conditions.

Please provide your preferred mobile number and email address to be added to the system.

Mobile No:

Email Address:

Signed (Parent/Carer) :

Date:

I give permission for photographs and observations to be taken of my child (please also sign attached sheet).

Signed (Parent/Carer) :

Date:

I give permission for staff to replace my child's hair accessories should they come loose.

Signed (Parent/Carer) :

Date:

I give permission for staff/carers to apply the following nappy creams to my child, I understand this will be provided by parents. Please tick.

Benpanthen Sudocrem Metanium

Signed (Parent/Carer) :

Date:

I give permission for staff/carers to apply sun cream to my child, supplied from home, when necessary.

Signed (Parent/Carer) :

Date:

I understand that any person who suspects that a child in his/her care may have been abused or neglected, has a duty to report this to the Manager, Services For Young Children and any other relevant agencies e.g police, health visitors and children's centres.

Signed (Parent/Carer) :

Date:

I give consent to my child receiving any emergency medical treatment which is necessary. I/We agree that Dimension Childcare has the right to call an ambulance in an emergency and/or escort my child to the emergency department of the nearest hospital and to await my arrival. (Any decisions with regard to your Child's care will then be in the hands of the emergency department at the hospital.)

Signed (Parent/Carer) :

Date:

I give permission for my child to go out of childcare but within Horndean Technology College grounds, e.g. Barton Hall, the field/ tennis courts.

Signed (Parent/Carer) :

Date:

I give permission for my child to go on off site visits and outings (outside of Horndean Technology College grounds e.g. the park.)

Signed (Parent/Carer) :

Date:

Dimension Childcare require to see your Childs birth certificate before he/she starts. Please show a member of staff who will sign as seen below.

Signed (Parent/Carer) :

Signed (Staff)

Date:

If you would like any more information about the above permission statements, please do not hesitate to ask.