

Dimension Childcare Out of Schools Registration Form



Child's Name:	Preferred Name:	Date of Birth:		
Gender:	Child's First Language:	Nationality:		
Religion:	Child's School:	Child's Class:		
Specific Access Requirements:	Password for Parent 1:	Password for Parent 2:		
Parent/Guardian 1:		Parent/ Guardian 2:		
Relationship to child:		Relationship to child:		
Home Address:		Home Address (if different):		
Home Tel No:		Home Tel 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
AM PM	AM PM	A M PM	AM PM	AM PM

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

Does your Child attend another setting/Childminder?	YES/ NO
Setting Name:	
Address:	
Contact Tel No:	
Do you give permission for Dimension Childcare to contact your child's school and other setting? YES/ NO	
Signed:	Date:

Outside agencies

Are you or your family known to Services for Young Children or have a Social Worker? YES/NO
Name of Social Worker:
Is your child working with any other professionals (Speech and Language/ Portage/ Dietician) YES/NO
Name and contact details of professional:
Any details you would like to share:

Medical Information

Doctors Name: Surgery address: Tel No:
Dentist Name: Address: Tel No:
Any known allergies or health concerns (If yes please complete detailed form overleaf):
Any birth marks or other marks we should be aware of:
Any dietary requirements:
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 object to the following procedures on religious or cultural beliefs:
I agree to the use of adhesive plasters: YES/NO Signed (Parent/Carer) : _____ Date: _____

Medical history form

Does your child have any of the following, please answer yes or no :

Asthma: Epilepsy/fits:..... Tuberculosis:.....

Heart conditions:..... Sight impairment:..... Hearing impairment:.....

If your child suffers from Asthma or requires an Epi-pen, please ensure that they have an up to date prescription labelled inhaler and spacer or epi-pen (in original box/packaging) to keep in the setting. We will not accept them in without one.

Does your child have any other allergies/intolerances/ health concerns?

What are the signs and symptoms:

What action is required? E.g exclusion from activities, inhaler, Epi-pen, ambulance:

Details of any serious illnesses or operations since birth or operations/appointments due, including dates:

Is your child being seen by a community paediatrician or any other health care professional? Please give details

Surgeon/professional name and name of hospital:

Permissions

Dimension Childcare provide a text and email service as a means of communication. For example, newsletters and 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:

I give permission for photographs and observations to be taken of my child and used:

In the setting for displays etc. **YES/NO**

In my child's learning record (Year F only): **YES/NO**

In other children's learning records (in group photos etc) Year F only: **YES/NO**

On our website **YES/NO**

In the Media **YES/NO**

Horndean Technology College community marketing material or display boards **YES/NO**

I give permission for staff to replace my child's hair accessories should they come loose. **YES/NO**

I agree to the use of face paints **YES/NO**

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. (please complete separate Inter-Agency consent form): **YES/NO**

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. **YES/NO**

I give permission for my child to go on off site visits and outings outside of Horndean Technology College grounds e.g. the park, I will be informed beforehand. **YES/NO**

I understand that the collection of my child may involve the use of a minibus or suitably insured car. **YES/NO**

I will inform you of any family circumstance changes, including any court orders or injunctions. I understand that unless I present the setting with evidence that a named parent no longer holds parental responsibility, we are unable to refuse collection unless staff have any safeguarding concerns. **YES/NO**

Parent signature:

Date:

Parent name:

Additional comments:

Parent agreements

I agree to inform Dimension Childcare on 02392 008966/ 007817544880 if my child will be absent, I understand that you will contact me if I do not. YES/NO
I agree to keep my contact details up to date and inform you of any changes. YES/NO
Dimension Childcare are open 51 weeks a year (approx.), excluding bank holidays and the Christmas period. I understand fees are payable for any absences and bank holidays, excluding the Christmas period or if the setting decide to close. YES/NO
I understand my child cannot be accepted into the setting before 7.30am or after 8am (due to time constraints imposed by the schools) and must be collected by 6pm. Late collection fees apply if I am late collecting. YES/NO
I understand Dimension Childcare do not permit the use of mobile phones or any other technology with a camera (including smart watches) in the building. Any device found to be in the room will be confiscated and returned to parent upon collection. YES/NO
I understand Dimension Childcare discourage children from bringing personal property into the setting and therefore cannot accept responsibility for such items. YES/NO
I agree to sanitise mine and my child's hands before entering the building. YES/NO
I understand Dimension Childcare cannot accept children who are unwell with sickness and diarrhoea or any other contagious infections. Children need to remain at home until 48 hours after their last episode of sickness/diarrhoea. Dimension Childcare follow the Guidance on infection control in schools and other Childcare settings. YES/NO
I understand children need to remain at home for the first 48 hours after commencing antibiotics for the first time. YES/NO
I understand that if my child requires an inhaler or Epi-pen I will ensure there is one left onsite and that Dimension Childcare will refuse care if not supplied. YES/NO
I understand that if my child has an accident at home or comes to the setting with a bump or mark, I will be required to complete a 'pre-existing injury form. YES/NO
I will assist the setting with their healthy eating policy and supply my child with a healthy snack to have after school. I also understand that Dimension Childcare is a nut free setting and I will not provide nuts or nut products such as peanut butter. YES/NO
I agree to provide my child with suitable clothing for the weather which must include a coat/ waterproof for the walk to and from school. I understand aprons are provided and we take every precaution we can, we cannot guarantee clothing will not be damaged. YES/NO
During summer months, I will provide my child with a named sun cream which they will apply themselves. YES/NO
I agree to giving a months written notice to change my child's hours or terminate their place YES/NO
I understand I will be invoiced in advance via my Scopay account which will be available to view by the end of the current month, it needs to be paid by 14th of the following month. All fees are payable for odd days off, sickness and holidays during term time. If I fail to settle my invoice by 14th of the month I am in breach of my contract and risk my Child's place being suspended. It is my responsibility to check my invoice on Scopay. YES/NO
Parent signature: _____ Date: _____
Parent name: _____
Additional comments: _____