

Footprints Daycare Registration Form



Start Date _____

End Date: _____

Employment Status: F/T P/T Unemployed Training/education Family/Child Tax credits Universal Credits

Childs Details

Person/Persons with Parental Responsibility

Childs Name: _____ Name: _____ Name: _____

Preferred Name: _____ Address: _____ Address: _____

Childs Address: _____ Tel/Mob No: _____ Tel/Mob No: _____

Date of Birth: _____ Work No: _____ Work No: _____

Date of Birth: _____ Email: _____ Email: _____

Parental Responsibility Yes No Parental Responsibility Yes No

Contact In Case of Emergency

Name: _____ Relationship to Child: _____ Address: _____ Tel No: _____

Name: _____ Relationship to Child: _____ Address: _____ Tel No _____

GP's Name & Contact No: _____ Health Visitors Name & Contact No: _____

Social Worker Name & Contact Number: _____

Is he/she registered with a dentist Yes No Dentist Name & Contact No: _____

Other Professional e.g. Speech & Language: _____

Is the child up to date on all relevant vaccinations? Yes No If no, please specify: _____

Allergies/Food Intolerance/Religious requirement/Food preference: (Please circle as appropriate and give details below)

Named Person/s to collect child other than parent/carer

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Tel No: _____

Tel No: _____

If someone from the collection list comes to collect your child without staff being informed and we are unable to contact you do you give permission for staff to let your child leave with the named person above. Yes No

Parents Consent

Use of Photographs/Video: Y N Social Media: Y N Observations: Y N Use of Plasters: Y N

Suncream Application: Y N Seeking medical attention: Y N Toileting/Changing clothes: Y N

Consent to give Child medication when needed: Y N Outings with Footprints Daycare: Y N

I have received a copy of Parents Day care policy booklet and I am fully aware of childcare policies: Yes No

Coordinator Signature: _____ **Parent's Signature:** _____ **Date:** _____