



CHILDCARE REGISTRATION FORM

Start Date _____

End Date _____

Do you work?

F/T	P/T	Less 16 hrs	Unemployed	RTW 12cm	Training	Internal	External	Family/Child Tax Credit

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

Dentist Name & Contact No: _____ Other Professional e.g. Speech & Language: _____

Has the child had his/her vaccination?

Diphtheria	Tetanus	Whooping Cough	Polio	Tetanus, Polio	MMR	MMR Booster	HIB	Diphtheria	Booster

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

Parent's Consent

Use of Photographs **Yes** **No** Videos **Yes** **No** Facebook **Yes** **No** Observations **Yes** **No**

Seeking Medical Attention **Yes** **No** Use of plasters **Yes** **No** Apply Sun Cream **Yes** **No**

Toileting/changing clothes **Yes** **No** Outings with Footprints Day care **Yes** **No**

Medication supplied by Footprints Day Care Calpol **Yes** **No** Nurofen **Yes** **No**

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:** _____