**Mount St Catherine’s**

**Little Buds Playgroup**



**Registration Booklet**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Contact Details***

|  |  |
| --- | --- |
| Child’s Name |  |
| Date of birth |  |
| Nationality |  |
| Spoken Language |  |
| Religion |  |

|  |  |
| --- | --- |
| Name |  |
| Relationship to child |  |
| Address |  |
| Contact telephone number | Home:  Mobile:  Work: |
| Email address |  |

|  |  |
| --- | --- |
| Name |  |
| Relationship to child |  |
| Address |  |
| Contact telephone number | Home:  Mobile:  Work: |
| Email address |  |

***Emergency Contact Details***

***Please provide the names of 3 people we should contact in the case of an emergency. Please ensure you have sought consent from the people listed that their details may be provided as an emergency contact.***

|  |  |
| --- | --- |
| Name: |  |
| Relationship to child: |  |
| Contact number: |  |

|  |  |
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| Name: |  |
| Relationship to child: |  |
| Contact number: |  |

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| Name: |  |
| Relationship to child: |  |
| Contact number: |  |

***Please note that anyone collecting your child must present photographic ID and must be over the age of 18 years old.***

***Medical Information***

|  |  |
| --- | --- |
| Health Visitor Name: |  |
| Contact Number: |  |

|  |  |
| --- | --- |
| GP Name: |  |
| Address: |  |
| Contact Number: |  |

Are all your child’s immunisations up to date? Yes/No

Does your child have any medical conditions that we may need to be aware of? Please include details of possible symptoms and treatment required.

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Please give details if your child has any allergies, including symptoms they may present and treatment to be administered.

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Is there any other Health Professionals involved in your child’s care (Speech and Language, OT)? If yes, please give us details’

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Do you consent to staff administering Piriton to your child that you have supplied, should they take a sudden reaction? Yes/No?

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

***All about Me***

***Things I like***

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***My eating habits***

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***My toileting habits***

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***Any concerns regarding child’s development*** (Speech and Language, Physical dev, Social dev, behaviour etc.)

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***Any special requests***

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***Little Buds Consents***

I do/do not consent to my child taking part in walks outside the grounds of the playgroup, on the understanding that the adult/child ratios will be adhered to at all times.

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

I do/do not consent for my child to touch and look at animals that may be brought into visit the playgroup.

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

I do/do not consent to my child being aided by staff if necessary in the changing of clothing due to an accident or water play in line with our Intimate & Personal Care Policy.

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

I do/do not consent to my child taking part in messy and sensory experiences such as painting, gluing & planting.

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

I do/do not consent for my child to visit the school small playground within the school grounds.

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

I do/do not consent for my child visit Mt St Catherine’s school in the event of functions such as school plays or events run by the playgroup.

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

I do/do not consent to staff changing my child’s nappy and applying nappy cream when necessary (only if there is a medical need)

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

I do/do not consent for someone to act on our behalf in the case of an emergency or accident and to take action if necessary for the benefit of the child. The decision will be taken by the person in charge at the time of the accident.

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

I do/do not consent to my child being observed while in the care of the staff. I understand these observations will be recorded and used to inform planning.

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

I do/do not consent to staff applying sun cream, supplied by me to my child when required.

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

I do/do not consent to Little Buds to use my child’s image in their printed or electronic publications.

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

I do/do not consent to my child’s image being used on Mount St Catherine’s website or media sites.

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

I do/do not consent to my child’s image being used for monitoring purposes for funders.

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

I do/do not give consent to Little Buds to talk to my child’s previous setting about my child and allow my previous setting to talk to staff in Little Buds to help make the transition to Little Buds Playgroup more comfortable.

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

*Name of setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

I do/do not consent to the staff taking my child for walk to Sherry’s Field Park for an outing.

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

**Health Visitor**

I give the playgroup permission to contact the link Health Visitor if require advice or have any concerns about my child.

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

**Early Years**

I understand that Little Buds Playgroup is registered with Social Services Early Years Team and that the playgroup is inspected annually and that all children’s and staff records are to be made available.

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

**Sickness**

I understand that fees must be paid in full if my child is absent due to sickness or holidays other than what Little Buds will be taking.

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

**Policies and Information Booklet**

I have received my Parent Policy Booklet and my Playgroup Information Booklet.

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

**Notice Period**

This contract may be terminated by the parent/guardian of the child by giving 4 weeks written notice in advance of the finishing date. Payment by the parent/guardian is due for the notice period, whether the child attends. The provider may terminate the contract without giving any notice if payments are not made when due.

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

**Privacy Notice**

Here at Little Buds Playgroup, we take your privacy seriously and will only use your personal information for administration purposes. We will contact you occasionally to inform you of any events coming up or will email you pictures or information from the playgroup.

Please tick this box if you consent to any of the following:

Text Email

In Little Buds Playgroup we may use your child’s photos on our Facebook page. This will be monitored very closely at all times. Please tick if you consent to us using your child’s picture.

Yes No

I would like to join Little Buds WhatsApp group message. I understand that only staff can write in this group chat.

Yes No

**Days attending**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Attending** |  |  |  |  |  |

***Tooth brushing Permission***

As part of the ‘Happy Smiles’ Oral Health Programme the children will be taking part in a tooth brushing activity. Each child will have the opportunity not only to learn more about how to look after their teeth in a fun way, but also to brush their teeth daily at their preschool facility.

It is intended that this activity will support and promote the importance of tooth brushing and complement tooth brushing already carried out at home.

In order for your child to take part in this activity we need you to complete and sign below.

Thank you for your support in this important activity.

I do give permission for my child to take part in the tooth brushing scheme

I do not give permission for my child to take part in the tooth brushing scheme

***We would like to take this opportunity to thank you for choosing Mount St Catherine’s Little Buds Playgroup.***

***We will ensure that your child enjoys their time with us and our dedicated staff while help them in reaching their full potential.***