Kiki’s Kidz Ltd. Out Of Schools Club – Breakfast Club, After-School Club and

Holiday Playscheme – Registration Form [May 2021]

Welcome! A parent/carer with legal parental responsibility1 must complete this registration form. Information requested is

to promote best care for your child(ren) and compliance with Ofsted statutory requirements. Information is held securely & confidentially and will only be provided to a parent/carer who has legal parental responsibility for the child, members of staff, and if required, to professional authorities with which the law permits – e.g. child protection. If you require assistance, please consult with a member of staff – thank you.

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| CHILD DETAILS | | Child 1 | |  | | Child 2 |  |
| Child’s surname | |  | | | |  | |
| Child’s first & middle name(s) | | M / F | | | | M / F | |
| Preferred first name (if different) | |  | | | |  | |
| D.O.B. (DD/MM/YYYY) | |  | | | |  | |
| Current class (Hunts Grove) | |  | | | |  | |
| PARENT / GUARDIAN / CARER DETAILS | | Parent / Guardian / Carer 1 **(Person completing this form)** | | | | Parent / Guardian / Carer 2 | |
| Surname | |  | | | |  | |
| Title & first name | |  | | | |  | |
| Relationship to child (e.g. Father, Stepmother, Grandparent) | | Child 1  Child 2  Child 2 | | | | Child 1  Child 2 | |
| Home address | | Postcode | | | | Tick if same [ ]  Postcode | |
| Does the child normally live with this parent / guardian / carer? | | Child 1 YES [ ] NO [ ]  Child 2 YES [ ] NO [ ] | | | | Child 1 YES [ ] NO [ ]  Child 2 YES [ ] NO [ ] | |
| Telephone – home (landline) | |  | | | |  | |
| Telephone – day/work | |  | | | |  | |
| Telephone – mobile | |  | | | |  | |
| Email address2 (legibly please) | |  | | | |  | |
| Does this parent / guardian / carer have parental responsibility? 1 | | Child 1 YES [ ] NO [ ]  Child 2 YES [ ] NO [ ] | | | | Child 1 YES [ ] NO [ ]  Child 2 YES [ ] NO [ ] | |
| Does anyone else have parental responsibility for your child? 1  (If yes, please complete) | | Name:  Address:  Telephone:  Relationship to child: | | | | Name: Tick if same [ ]  Address:  Telephone:  Relationship to child: | |
| ALTERNATIVE EMERGENCY CONTACT #1 – For example, a Grandparent or family friend. (Used if a parent is unobtainable.) | | | | | | | |
| Surname | Title & first name | | Relationship to child | | Telephone | | |
|  |  | | Child 1  Child 2 | | Home | | |
| Day/work | | |
| Mobile | | |
| **ALTERNATIVE EMERGENCY CONTACT #2 – For example, a Grandparent or family friend. (Used if a parent is unobtainable.)** | | | | | | | |
| Surname | Title & first name | | Relationship to child | | Telephone | | |
|  |  | | Child 1  Child 2 | | Home | | |
| Day/work | | |
| Mobile | | |

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| SECURITY | | | |
| Please list any additional persons you authorise to collect your child(ren). | | | |
| 1. | | 4. | |
| 2. | | 5. | |
| 3. | | 6. | |
| PASSWORD - Please choose a password and ensure all persons you authorise to collect your child(ren) know this password. This password together will be requested at collection to persons Kiki’s Kidz may not have met before or recognise. | | | PASSWORD: |
| Is there any additional information we need to know that will enhance security? 3 |  | | |

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| INCLUSIVE PRACTICE | Child 1 | Child 2 |
| Please provide information that we need to know to care for your child(ren). We want to ensure all children are safe, welcome, able to take part, and have an enjoyable time with us.  If your child has additional needs, please consult with us so we can fully understand how to meet their needs and promote inclusive practice. | Information you provide may include: - allergies, food to be excluded from diet, particular interests, impairments, behavioural needs, religious considerations, additional needs etc. *If required, attach another piece of paper, and/or supporting info (Care Plan or About Me pack).* | |
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| MEDICINES | | Child 1 |  | Child 2 |  |
| Will your child require medicine during club? (Including inhalers, auto-injectors) 4 | | YES [ ]  NO [ ] *Please go to next page* | | YES [ ]  NO [ ] *Please go to next page* | |
| Please confirm the medicine has been **prescribed** by either a doctor, dentist, nurse, or pharmacist. | | YES [ ] | | YES [ ] | |
| Non-prescription medicines will be considered on a case-by-case basis after discussion with the parent or carer. We reserve the right to refuse to administer non-prescription medication. | | | |
| Name of medicine | |  | |  | |
| What is the medicine treating? | |  | |  | |
| Does the medicine require refrigeration? | | YES [ ] NO [ ] | | YES [ ] NO [ ] | |
| Please detail the time and dosage the medicine is to be taken, or circumstances when the medicine is to be taken, **only** whilst your child is in our care | | *E.g. 1 x 5ml at 4pm … after the onset of hives* | |  | |
| Anything else we need to **know** or **do**? – *e.g., holding the spoon, reassuring your child etc.* | |  | |  | |
| Consent / written permission?4 | YES [ ] - By ticking this box you provide written permission for the medicine detailed above to be administered to your child(ren). Kiki’s Kidz will ensure you receive “Administering Medication Policy”. | | | | |

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| **PARENTAL CONSENTS – Helping us meet our statutory requirements.** | | | | | | | |
| **FIRST AID** | | | | | | | |
| Do you give permission for First Aid to be administered in the event of an injury or accident? | | | | | YES | | NO |
| Do you give permission for us seeking necessary emergency assistance or medical advice? | | | | | YES | | NO |
| In the event of an emergency, every effort will be made to contact you. Do you give permission for us to authorise any emergency treatment deemed necessary by medical professionals if the delay in gaining your authority is considered to endanger your child? | | | | | YES | | NO |
| If you have answered ‘NO’ to any of the above, please advise us on the course of action you require us to take: | | | | | | | |
| **SUN PROTECTION CREAM** | | | | | | | |
| Can your child(ren) use our “in-house” sun protection cream? (Nivea Sun Kids - Protect & Care 50+)  If “no”, please provide your own (and named) sun protection cream to be kept at club. | | | | | YES | | NO |
| Does your child(ren) require a member of staff to directly assist with the application of the sun protection cream? (Most appropriate for children at the younger age/stage of development) | | | | | YES | | NO |
| **PHOTOGRAPHY**  Photographs are an important developmental tool widely used in play and educational settings. We use photography for recording achievements & learning outcomes, celebrating events and play activities and sharing these with parents, display boards, marketing, and in our Self Evaluation Folder that we share with OFSTED.  KiKi’s Kidz Ltd. takes safeguarding and privacy seriously and seeks parental consent before a child is photographed. It is intended that your consent will cover the duration of the time your child attends Kiki’s Kidz and you have the right to withdraw this consent at any point. Personal details or names of a child will NOT accompany photographs (except when used in the child’s own records).  Please provide consent for your child(ren) to be photographed for the following purposes: | | | | | | | |
| Recording achievements and learning outcomes | YES | NO | Marketing & promotional material – e.g. brochure, poster or flyer. | YES | | NO | |
| Printed and electronic displays at the club – e.g. photos of play activities, celebrating events. | | | | YES | | NO | |
| Official social media account (e.g. Facebook / Twitter) | YES | NO | Kiki’s Kidz official website | YES | | NO | |
| Sharing activities in WhatsApp group messages – i.e. with other parents of children who attend Kiki’s Kidz | | | | YES | | NO | |
| By third parties at special events – e.g. other parents or media. We will not provide children’s names to third parties. | | | | YES | | NO | |

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| **PARENTAL AGREEMENT – Please read and sign – thank you.** |
| I confirm I have parental responsibility1 for the child(ren) detailed on this registration form and all information I have provided is accurate at time of completion. I will inform Kiki’s Kidz Ltd. if any details subsequently change. I understand that information provided on this registration form will be securely maintained and processed in line with Kiki’s Kidz privacy notice and data protection legislation. Important policies and procedures e.g. safeguarding (child protection), inclusive practice, behaviour, and complaints, are made available to parents by visiting our website – www.kikiskidz.co.uk Copies of our policies are also available for parental consultation upon request.  Breakfast and after-school club only (**not holiday playscheme**) - I understand that in addition to completing this registration form, I must sign the “Parent /Carer Contract” which includes booking and payment terms. |
| SIGNED: PRINT: DATE: |

**Ofsted URN 2562701. T: 07565 546611 (club hours). E: hello@kikiskidz.co.uk W: kikiskidz.co.uk**

**Kiki’s Kidz Ltd. c/o Hunts Grove Primary Academy, Harrier Way, Hunts Grove Drive, Hardwicke, Gloucester, GL2 4EP**

**Please ensure this form is returned to us in advance of your child(ren)’s first attendance. This will enable us to process the information, comply with our statutory obligations and promote best care for your child – thank you.**

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| **NOTES:** | |
| 1 | Mothers who give birth automatically have parental responsibility for their children. Fathers - a) If married to mother at time of child’s birth. b) Not if unmarried, unless named as the father on the birth certificate. c) Acquired through Parental Responsibility Agreement or Parental Responsibility Order. |
| 2 | The email you provide will be used as a means of correspondence only and will not be shared with any third parties. |
| 3 | Parents should provide any information that will promote security for your child. E.g., details about contact orders or restraining orders. As with all information provided, details will be maintained securely and confidentially within the framework of the law. |
| 4 | Medicine can only be administered to a child where written permission for that medicine has been obtained from a parent/carer. We have a statutory duty to keep a written record each time a medicine is administered to a child. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. |