

First Steps registration form



Family Caring Centre 1-5 Somerset Park,
Rathenraw,
Antrim
BT41 2TE
02894464619

Session £12.00 9.15am to 12.15pm (includes healthy snack)

Child's full Name:

Child's Preferred Name:

Address (please include postcode)

.....
.....
.....

Child DOB:

Parent/Carer Name and Address:

Name:

Address:

Parent/Carer Name and Address (if applicable):

Name:

Address:

Contact phone number:

Contact phone number:

Alternative name and contact No: **(In case of an emergency)**.

.....

G.P Name and Contact No:

Health Visitor Name and Contact Number (if applicable):

.....
.....

Social/Link Worker name and contact Number (if applicable):

.....
.....

Should your child have any special Requirements or Considerations e.g. Diet Needs, allergies or Medical Conditions, please ensure that you ask a member of staff for a care plan sheet to complete, to ensure your child's needs are fully met.

Please note that it is very important that staff are fully aware of any and all conditions.

If your child has been diagnosed or is in the process of being diagnosed with any disability, disorder or has any specific needs, please outline them below:

.....
.....
.....
.....

(You also have the option of speaking to our childcare manager about your child and all details are kept on a need to know basis only.)

My child does / does not have any special requirements, I wish to discuss with the Childcare Manager

Please state names of people that will be collecting your child from the setting.

-----	Relationship with child:	-----
-----	Relationship with child:	-----
-----	Relationship with child:	-----
-----	Relationship with child:	-----

We would appreciate if those named above could bring photographic identification on their first collection from the crèche.

Please stipulate which days you require? (Please tick appropriate box)

Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	Friday	<input type="checkbox"/>		

Please Note that all children must be collected at the correct time and by a responsible adult. We do not allow your child to go home with anyone under 18 years old unless you are the parent.

All sessions must be paid in full at the end of each week. As places are limited in the event of your child not attending one of their sessions, their fee will **still** be payable to attain their place.

We would ask you to ensure that your child does not arrive late to their session as this can cause a disruption to planned activities.

Please write below if you know of anytime your child will not be attending the setting.

Signed Parent/Carer: Date:/...../.....

(In signing this document, I therefore agree to adhere to all stipulations, policies and procedures of the setting including all payments and charges.)

Please read the following and delete as appropriate:

Childs name: _____

I do/I do not give permission for my child to participate on outings.

I do/ I do not give permission for staff to administer first aid in case of an emergency.

I do/ I do not give permission for staff to take my child to hospital in the case of an emergency.

I do/ I do not give permission for my child to have their face painted during activities.

I do/ I do not give permission for staff to apply sun cream for my child in warm weather.

(Sun cream will be provided by the centre please let staff know of any skin complaints).

I do/ I do not give permission for my child to be included in photographs for displays or media regarding the centre e.g. news papers, newsletters etc.

I do/ I do not give permission for my child to receive help with toileting or to have their nappy changed.

I do / do not give permission for the staff at First Steps Crèche to change my child's clothing if they require it

I have read and agree / don't agree with the settings safeguarding strategies

Sign: _____ Date: _____