



www.gaddesbyschoolcommunity.org.uk

Office: 01664 840970 Mobile: 07876055823 Preschool: 07887575568 *

Out of School/Holiday 07789125452 *

* Only when open

Registration Form

Gaddesby School Community Ltd c/o Gaddesby Primary School Ashby Rd, Gaddesby, Leics, LE7 4WF Company Registration 03084259

	PLEASE COMF	LETE THIS	FORM IN BLOCK	CAPITAI	LS
Childs Details					
Child's First name/s			Surname		
Name known as					
Childs full address					
Gender	Date of Birth	1	Birth certificate se	en - cop	oy made - Yes No
Family details:					
Name of parent(s)/car	er(s) with whom the c	hild lives:			
Contact details 1 (inclu	uding emergency infor	mation):			
Parent/carer full name	e				
Relationship to child					
Daytime/work telepho	one				Mobile
Home telephone				Email	
Home address					
Work address					
Does this parent have	parental responsibility	for the ch	nild Yes No		
Contact details 2 (inclu	uding emergency infor	mation):			
Parent/carer full name	e				
Relationship to child					
Daytime/work telepho	one				Mobile
Home telephone				Email	
Home address					
Work address					
Does this parent have	parental responsibility	for the ch	nild Yes No		
Other person(s) with I	legal contact To be cor	npleted w	here those person	s with p	parental responsibility are
separated and an S8 C	Order is in place.				
Name					
Address					
Contact telephone					
numbers					
Relationship to child					
What are the contact arrangements that we need to be aware of?					

Emergency Cor	ntact details if pa	arent	ts not available - Emergency contacts must be local
Please give details	below of any other a	dult (17yrs+) who you authorise to collect your child(ren) from GSC
when you are unav	ailable or in the case	e of an	n emergency.
If possible, please s	supply a safe word o	r rece	nt photograph.
1. Name:			Relation to child:
Address:			
Contact no:			
2. Name:			Relation to child:
Address:			
Contact no:			
3. Name:			Relation to child:
Address:			
Contact no:			
			OUT OF SCHOOL, HOLIDAY & PRESCHOOL are enclosed
	07.45 - 09.00 / 15.1		.00 (term time)
•) - 18.00 - Selected D		
	•) - 15.00 (term time)
•	y of your child's birtl		
If your child is eligi	ble for Free Early Ed	ucatio	n Entitlement (FEEE), please complete relevant enclosed forms
			ABOUT YOUR CHILD
			more about your child, enabling staff to support them fully.
Does your prescho	ol child have previou	ıs exp	erience of attending a childcare setting? If so, please specify.
		Н	ealth and Development
Doctor:	Name		
	Address		
	Telephone		
Childs Medical Nur	nber:		
Health Visitor:	Name		
	Address		
	Telephone	<u> </u>	
Social Care Worker			
	Contact Nur	nber	

Please tick box as appropriate				
Is your child up to date with immunisations?	Yes	No		
Has your child had a sight / hearing test?	Yes	No		
Does your child have any special needs and / or disabilities and / or ongoing medical conditions?	Yes	No		
Is your child on any regular medication? (including inhalers/EpiPen)	Yes	No		
Does your child have / require a SEND action plan or an Education /Health Care Plan?	Yes	No		
Is your child known to have any allergies, food intolerances or dietary requirements?	Yes	No		
Do you have any involvement with other professional services, e.g. sure start / social services / healthcare professionals etc?	Yes	No		

Please specify any additional need/support your child will need in our setting or any concerns you may have. Please use this space to expand on information if you have answered yes to any of the above questions.

If your child has a child protection plan, make a note here omitting details - GSC will obtain relevant details from social care worker named above.

Consent Request – please tick box as appropriate				
Do you give permission for photographs of your child to be used within the setting?	Yes	No		
Do you give permission for your child to on occasion watch a PG rated DVD when using our Out of School Provision / Holiday Club?	Yes	No		
Do you give your child permission to help with the care of school pets	Yes	No		
Can your child participate in face/nail painting activities?	Yes	No		
Do you give permission for your child to be escorted by GSC staff between Gaddesby Village Hall and Gaddesby School?	Yes	No		
Do you give your permission for GSC to share information with other professional bodies relating to your child's development - for example Speech and language, Specialist teaching services, other providers?	Yes	No		

Authorisation – please delete as appropriate

I authorise / do not authorise (tick as appropriate)

G.S.C. Staff to administer medicine as prescribed by my child's doctor on my instruction, once the appropriate forms have been completed. (All medicines are administered according to policy and procedure and are witnessed by 2 staff members.)

Signature of parent /person with legal parental responsibility:

Emergency Treatment Declaration

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary. I understand my child may be taken to hospital accompanied by an authorised staff member for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed:		Date:	
Please co	mplete relevant forms for the club(s) that you wis	h your	child to attend:
Start Date	e:		
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Are there any child protection issues in your household which you need to make GSC aware of? If so, please speak to our management in confidence.

I understand and agree to the terms and conditions of Gaddesby School Community Ltd.

Copies of the Terms and Conditions can be found at www.gaddesbyschoolcommunity.org.uk or from a staff member.

I have legal parental responsibility for the child in question.

(For further details about Parental responsibilities please see enclosed sheet)

I am the parent/guardian.

Signed:		Date:
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Please tick box as appropriate

I have read and understood GSC Policies and Procedures which are displayed in Preschool and on the Policies page on www.gaddesbyschoolcommunity.org.uk

I understand that Gaddesby School Community Ltd are obliged to share confidential information without authorisation from the person who provided it, or to whom it relates, if it is in the public interest. That is when:

- it is to prevent a crime from being committed or to intervene where one may have been, or to prevent harm to a child or adult; or
- not sharing it could be worse than the outcome of having shared it.