



Emma's Angels Registration Form

Please attach photo

Child's Full Name:

D.O.B

Home Address:

Postcode:

Home Telephone Number:

NHS number:

Parent/Carer's Name

E-mail address:

Ethnicity

Is your child? Male: Female:

Please state your child's religion (if applicable):

Which ethnic origin would you consider your child to be?

What is the main language used at home? (i.e. English/Spanish)?

Please state who is authorised to collect your child from the setting?

Emergency Contact Details

In the event of an emergency, please provide us with the child's parents/carers details and 1 other person whom we may contact. By placing their name on this sheet you are authorising us to make contact with them. Please place them in the order we should contact in an emergency.

Emergency Contact 1.

Name: Relationship to child:

Address (if different from child)

Prime contact number: 2.

Work place, contact numbers and hours of work

Emergency Contact 2

Name: Relationship to child:

Address (if different from child)

Prime contact number: 2.

Work place, contact numbers and hours of work

Emergency Contact 3

Name: _____ Relationship to child: _____
Address (if different from child) _____
Prime contact number: _____ 2. _____
Work place, contact numbers and hours of work _____

Please state which of the emergency contact's has parental responsibility?

Child's Doctor:

Surgery Address/Telephone Number:

Would you consider your child to be disabled under the DDA? Yes/NO

If yes please provide more information.

Does your child have any health problems/Additional Needs?

Does your child take any medication? What is it, along with dosage?

Does your child have any allergies/dietary requirement?

Would you like to add any information that would help us to care for your child?

Immunisations (Nursery only)

	1st Triple	2nd Triple	3rd Triple	HIB	MMR	Pre-school Booster	Unsure
Please sign							

Parent Permissions and Consent form	Yes	No
In the case of an emergency will you allow us to seek any necessary medical advice or treatment for your child.		
Will you allow us to take you child on trips and outings?		
Will you allow us to take a copy of your child's emergency contacts on outings from the setting? (This will be held by the most senior person)		
Are you willing to supply and allow the setting to apply sunscreen and nappy cream (where applicable) to your child?		
Will you allow us to take written/photographic and verbal observations of your child to use for profile work? (Nursery and reception only)		
<p>Will you allow us to take photographs of your child and display them with there name on (if appropriate):</p> <p>(please delete as applicable)</p> <p>A) around the setting</p> <p>B) On brochures or flyers (no name will be used)</p> <p>C) Water bottle and registration tags</p> <p>D) Birthday boards</p>		
Will you allow us to use plasters on your child?		
Will you allow us to use face paint on your child? (Over 1's only)		
Will you allow us to display your child's name around the setting, on documents such as registers, planning, displays?		
Will you allow your child's room team, to have access to your child's emergency contact details?		
Will you allow us to forward you information by email, ie. Newsletters, booking forms, letters etc. (sometimes our emails may land in your junk folder, please check and authorise them)		
If my child has a dietary or medical requirement, I authorise Emma's Angel's to display their name and photograph/allergy or medication requirement in rooms so it is accessible to all staff.		

- I give permission and consent to the above sections I have marked yes?
- I am aware that a full copy of the privacy notice and Emma's Angels Data Protection policy is available on the website.
- I am aware that by signing the above, some sections are covered by the *GDPR* and I am confirming that I am happy for certain information on my child to be displayed around the setting;
- I understand the child can only leave the setting with an authorised parent/carer at the end of the session, unless the setting has been notified and identification produced.
- The setting does not accept any responsibility for any possessions or items that are brought into the setting. These also need to be age appropriate for the age group your child is in.

Parent/Carer Full Name:

Signed

Date