

Curious Minds

Registration Form

Start Date: _____

Cease date: _____

Name of child _____ Date of birth: _____

Address: _____

Details of Parent(s)/Guardians:

1. _____ Phone number _____

2. _____ Phone number _____

Email: _____

In the event of an emergency and the parent/carer can't be reached, please indicate another person who may be contacted.

Name _____

Telephone number _____

Details to person authorised to collect my child

1. Name _____

1.1 Telephone number _____

2. Name _____

1.2 Telephone number _____

Medical information

Child's General Practitioner _____

Address _____

Telephone number _____

| Has your child been immunised against | Yes | No |
|---|-----|----|
| 6 in 1 Diphtheria, Haemophilus influenzae b (Hib), Hepatitis B, Pertussis (Whooping cough), Polio, Tetanus | | |
| PCV Pneumococcal conjugate | | |
| MenB Meningococcal B | | |
| MMR Measles, Mumps, Rubella | | |
| Rota Rotavirus MenC Meningococcal meningitis C MMR Measles, Mumps, Rubella | | |
| Hib/MenC Haemophilus influenzae b/ Meningococcal meningitis C | | |
| 4 in 1 Diphtheria, Pertussis (whooping cough), Polio, Tetanus | | |

| Has your child any of the following | Yes | No |
|-------------------------------------|-----|----|
| Hearing Problems | | |
| Physical Problems | | |
| Sight Problems | | |
| Speech Problems | | |

If "yes" please give details _____

Does your child have any of the following?

Allergies (food, medication...) _____

Special Dietary Requirements _____

Special needs _____

Ongoing Illness _____

If "yes" please give details

Is your child on long term medication? Yes No

If "yes" please give details

Any other information that you might think we need to know about your child?

Signed _____

Date _____

Curious Minds Community Pre-School & After School Programme!

Outings Consent

I consent to _____ going on outings organised by Curious Minds Community Pre-School / After School Programme. All these outings will be within walking distance of the centre and will be supervised at all times.

Signed _____ Date _____

Photo/Video Consent

I consent to having photographs taken on my child _____ recorded on video as part of the activities of the Curious Minds Community Pre-School / After School Programme and published in social media and website.

Signed _____ Date _____

Sun Cream Consent

I _____ give consent for my child _____ to administer sun-cream to my child if will be necessary.

Signed _____ Date _____

Calpol consent:

I _____ give permission for my child to give the age appropriate dose of Calpol as a temperature reducing medicine when needed.

Signed _____ Date _____

Medicine Consent

I _____ give consent for my child _____

To be given _____ on _____ at _____

Signed _____ Date _____

Agreement to Medical Treatment

I consent to _____ receiving medical treatment and/or anaesthesia if a doctor feels as though it is necessary in the emergency treatment of my child and I cannot be contacted for any reason.

Signed _____ Date _____