



## Little Acorns Before and After School Care

Tick if EYFS child

### Registration Form 2021-2022

#### Child's Details

First name:		Surname:	What s/he likes to be called:
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#### Parent/Guardian details

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details on separate sheet.)					

#### Emergency Contact Details (please provide details of two people we can contact if we are unable to get hold of you)

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

#### About your child

Is there anything your child doesn't like (food, games etc) or is scared of?

What are your child's favourite activities?

Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



## Password Information 2021-2022

An adult who has been authorised to collect your child on their Registration Form can only collect children. Nonetheless, there may be occasions when this is not possible and in these instances, we would ask parents to inform the club in advance giving a name and description of the person who is collect their child (ren). However, in line with the clubs Safeguarding policies, the club will not release any child without the authorised agreed password being given.

Should you require a person who is not named on your Registration Form to collect your child (ren), they must provide a password that is known to the club.

### Password to be used

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Please provide the details of two contacts that are authorised to collect your child:

1<sup>st</sup> Contact:

<b>Full Name of Contact:</b>
<b>Relationship to Child:</b>
<b>Telephone Number of Contact:</b>

2<sup>nd</sup> Contact:

<b>Full Name of Contact:</b>
<b>Relationship to Child:</b>
<b>Telephone Number of Contact:</b>

Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

THANK YOU FOR PROVIDING THIS INFORMATION. PLEASE DO NOT SHARE THE PASSWORD WITH ANYONE, OTHER THAN THOSE YOU WISH TO COLLECT YOUR CHILDREN ON YOUR BEHALF.



## Medical Form 2021-2022

Child's Name:	
Year:	DOB:
Doctor:	
Doctor's Address:	
Doctor's Telephone:	
Does your child have any known medical problems or additional needs? (Please list)	
Please detail any medical needs your child has/medication taken: (please provide full details, if medication is needed an additional medication consent form will need to be completed)	
Does your child have any known allergies or major dislikes (foods or materials)? (an Allergy Management Plan will be put in place where required)	
Does your child have any dietary requirements?	
Any other information	

In the event that my child requires immediate medical treatment, I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.

Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



## Permission to Administer Medicine Form 2021-2022

Child's Name:	Year:
Name of Medicine:	Quantity Received:
Reason for Medicine:	
Dosage:	Storage Requirements:
Times to be Administered:	
Any other instructions:	

I give permission for medicine to be given to my child in accordance with the details above.

I **\*do/do not** consent for my child to be administered Calpol in the event that they are in pain or have sustained an injury causing pain

- Staff at the Out of School Club will only be permitted to administer medication to your child if you complete and return this form.
- Under no circumstances will members of staff administer medication against the will of a child.
- If you have any concerns/queries, please contact the Out of School Club manager.

## Permission for Little Acorns to Provide Intimate Care 2021-2022

I understand that; I give permission to Little Acorns Before and After School Care to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.

I will advise the Club Manager of any medical requirements my child may have which affects issues of intimate care.

Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Should you need to contact us for any reason. Please either call or email as per the details below.  
Telephone: 0121 449 1490 or School Office 0121 449 0441

Email: [l.cawser@moseleyce.bham.sch.uk](mailto:l.cawser@moseleyce.bham.sch.uk)