

HELPSTON PLAYHOUSE REGISTRATION FORM

PERSONAL DETAILS						
FIRST NAME						
SURNAME						
Male / Female		Date of B	irth			
ADDRESS:						
		Post code	1			
Home telephone numbe	r					
Email address						
Child's first language						
Other languages spoken	at home					
Who has Parental Respo	nsibility?					
Mother's Name						
Daytime Contact Numbe	r					
Work Contact Number						
Mobile number						
Father's Name						
Daytime Contact Number						
Work Contact Number						
Mobile number						
Name of any other Carer	with whom child lives	with				
Contact numbers						
Please confirm which Par	rent / Carer or Relative	to contact				
in an emergency						
Telephone Number						
Relationship						
Is your child the subject o	of a Court Order?		Yes		No	
Please confirm names &	relationship of person	s authorised	to collect	your child		
from the Playhouse on a						
1	Contact N	umber:				
2		Contact N	Contact Number:			
3		Contact N	umber:			
4		Contact N	umber:			

PLEASE NOTIFY US OF ANY CHANGES - NO CHILD WILL BE RELEASED TO AN UNAUTHORISED PERSON

		MEDIC	CAL DETAI	LS			
Name of chil	d's Doctor						
Doctor's Add	Iress						
Telephone N	Telephone Number						
Has your chi	Has your child been immunised against:						
Diptheria	Whooping	Whooping Cough HIB MMR					
Polio	olio Meningitis Tetanus Hepatitis B						
nternal Use: Has your child's Health Record Book been seen to confirm immunisation							
dates?	Yes		No				
Has your chi	ld had any major illness	/ operation?					
Has your chi	ld had any on-going hea	lth problems	/ medical	conditions	?		
If yes, please	specify which external	agencies are	involved e	.g. Paediat	rician, Spe	ech	
& Language	Therapist, Consultant, D	ietician, etc					
Does your ch	nild have any special nee	ds which you	would lik	e to discus	s?		
Are any of the following in place for your child?							
SEN action plan?							
Education, Health Care Plan							
What special support will he / she require in our setting?							
We are a nu	We are a nut free setting. Please do not bring in any nut related products into our Setting.						
Please give details of any allergies or food intolerances your child has and notify staff at the							
earliest opportunity to discuss individual requirements.							
If yes, please advise of any reactions or symptoms							
Does your ch	nild have any special die	tary needs / p	reference	s?			
l							

For small cu	ts & grazes can a plaster l	be applied?				
I give my pe	rmission for staff at the P	layhouse to	administe	r First Aid	to my child:	
, ,			es / No		•	
Signed			Date			
J						
I give my pe	rmission for my child to re	eceive medi	ical treatm	ent on a D	octor's advice	
	care of a member of staf					
			es / No			
Signed			Date			
6						
In case of er	nergency I give permissio	n for my chi	ild to be ta	ken to hos	spital:	
		Υ	es / No			
Signed			Date			
J						
	С	HILD PROTE	CTION STA	TEMENT		
It may be he	elpful to parents to know	that the Pla	yhouse rec	quires staf	f to report any obvio	oous or suspecte
cases of chil	d abuse, which include no	on-accidenta	al injury, se	evere phys	ical neglect, emotio	nal &/or sexual
	Social Services. All such				=	
to know.		•			,	
TWO YEAR OLD PROGRESS CHECK - CHILDREN AGED 24 - 36 MONTHS						
If your child	is aged between 24-36 m	nonths, has a	a two year	old progre	ess check been	
completed f	or your child?	Yes		No		_
Setting com	Setting completing check				Date Completed	
	OTHER INFORMATION					
Has or is your child attending another childcare setting?						
Which days do they attend / times:						
			-			
Does your cl	hild receive Council Fundi	ing at this se	etting, plea	se confirm	n hours claimed per	week:
-		_				
Do you have	any special requests / re	quirements	about reli	gious obse	ervance / clothing	
_	or other matters we should be aware of:					
Is there any	other information staff sl	hould know	e g routine	es / hahits	/ likes / dislikes?	
Is there any other information staff should know e.g.routines / habits / likes / dislikes?						
All information will be kent confidential						
All information will be kept confidential						
PHOTOGRAPHS, VIDEOS & DATA						
Photographs & videos of the children are taken by staff and occassionally local press for child assessments/displays and reporting of Playhouse events.						
	· · · ·	•				0 11
	s & videos of your child a			· ·	= =	-
	include other children at the setting. Material from Tapestry must not be loaded onto any social					
media site e.g. Facebook.						

I do / do not give permission for my child to have their photograph taken by staff of Helpston Playhouse.

I do / do not give permission for my child to have their photograph taken by outside agencies.

I do / do not	do / do not give permission for my child to have their photograph displayed on another child's			
· · · · · · · · · · · · · · · · · · ·	rning Journal.			
	at I will not post or share any photogr	aphs or vic	deos from Tapestry onto any	
	or Networking site.			
	at I will protect all data shared with m			
	's care. I confirm I will not upload any		•	
	pestry onto any social media or Netw		•	
Signed		Date		
		CEBOOK		
			e on our Facebook page to give an insight	
=			ebook page is to promote the Playhouse	
	_		nd safety of you and your family is our	
-	do not include the name or any infor		-	
		e way your	child will appear and we will not include	
<u> </u>	hich is inappropriate.			
	give permission for my child to have	their phot	ograph included on the	
-	yhouse Facebook page.			
	I that my child's name will not be incl	uded and t	the safety and privacy of my	
	of the utmost importance.	.		
Signed		Date		
	DATA PROTE	CTION STA	TEMENT	
Any persona			stored and used in accordance with the	
			R) (2018) and our Confidentiality & Client	
-	cords Policy.			
I confirm my	acceptance to the collection, storage	e & use of	my data & my child's data in accordance	
with the GDPR 2018.				
Signed		Date		
		MOVIES		
Occassionall			our upmost to ensure they are suitable.	
	give permission for my child to watc		· · · · · · · · · · · · · · · · · · ·	
Signed	Sive permission for my erms to water	Date		
0.6.1.00		12000		
	SUN CREA	M PERMIS	SION	
I give permis			SION ion cream to my child as and when the team	
	sion for all Playhouse staff to apply s	un protect		
feel it is app	ssion for all Playhouse staff to apply s ropriate. If you apply the cream in the	un protect e morning	ion cream to my child as and when the team	
feel it is app	ssion for all Playhouse staff to apply s ropriate. If you apply the cream in the	un protect e morning	ion cream to my child as and when the team we will re-apply the cream at 12.30pm, to	
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	OUTINGS			
	ur activities and your child's learning and development we occassionally use the school			
grounds and	go for walks around the village and visit local places of interest. Further consent will be			
requested fo	or major outings.			
I do / do not	give permission for my child to go into the school grounds.			
I do/ do not	give permission for my child to go on outings around the village.			
Signed	Date			
	· · · · · · · · · · · · · · · · · · ·			
	MOBILE PHONES			
I confirm tha	at I will not use my mobile phone within the Playhouse premises. I confirm that I will advise			
	ecting or dropping off my child that mobile phones are not to be used on the Playhouse			
premises.	,			
Signed	Date			
0.800				
	PLAYHOUSE POLICIES			
	TEATHOOSE I GEIGIES			
How did you	hear about Helpston Playhouse?			
Tiow ala you	near about helpston riayhouse:			
Holpston Dia	lyhouse Policies are available for all parents to read. Please ask a member of staff for further			
•	olicies are amended / added, they will be added onto our website and will be added into			
our Policies				
our Policies	iolder.			
	ENDOLMENT			
	ENROLMENT			
	to enrolwith Helpston Playhouse			
• •	ion will place my child on your Waiting List. Please note that completion of this form does			
not guarante	ee a place for your child. Once your child is offered a place & you accept it, you will be require			
to pay a £50	.00 deposit to hold the place for your child. The deposit will be deducted from your first			
invoice. If yo	ou decide not to take up a place for your child a non refundable Admin fee will be retained.			
On admissio	n further personal information & family details will be required for our records.			
Your child"s	birth certificate is required at this time & a copy made for our file.			
	1,			
I confirm all	details disclosed are correct. I will keep the setting informed of any changes that occur.			
If you find th	nat you no longer need the place for your child, please let us know as soon as possible. We			
	will not retain your details if you do not take up a place at Helpston Playhouse (see our Privacy Notice).			
will HOLICIA	in your details if you do not take up a place at helpston riayhouse (see our ritvacy Notice).			
The days / s	assions. I would like my child to attend are as follows & I understand the Plauhouse			
-	essions I would like my child to attend are as follows & I understand the Playhouse			
wiii contirm	whether these dates & times are available.			
A	Start Date:			
Anticipated	Start Date:			

REQUESTED PRESCH	OOL SESSIONS			
Monday	Tuesday	Wednesday	Thursday	Friday
9.00 - 12.00	9.00 - 12.00	9.00 - 12.00	9.00 - 12.00	9.00 - 12.00
12.00 - 3.15	12.00 - 3.15	12.00 - 3.15	12.00 - 3.15	12.00 - 2.15

REQUESTED OUT OF SCHOOL CLUB SESSIONS

	Breakfast Club		Out of School Club (OOSC)		
	7.30 - 8.00	8.00am - School Start	2.30 - 3.30 Fri Only	3.30 - 4.30	4.30 - 5.30
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

By signing this document, you acknowledge that you have read, understood and agree to our Childcare Terms and Conditions and our Privacy policy (7.01a Privacy Notice).

Signed	
Signed	
B-1I	
Dated	
Relationship to Child	