Hillside After School and Breakfast Clubs
Registration, Collection and Parental Permission form

CHILD'S NAME.....D.O.B..... Password.....
Address.....
Home Telephone No..... Mobile.....
Contact email address.....

Please state who has Parental responsibility for your child: Mother/Father/Both
Mother's name..... Daytime Tel..... Mobile.....
Father's name..... Daytime Tel..... Mobile.....
If you cannot be contacted, please nominate a relative/friend whom we can contact in an emergency: Name/Relationship..... Daytime Tel.....

Authorised collection of children **(in addition to main carers)**

I give permission for the following people ONLY to collect my child: (must be over 18 years)
Name..... Relationship to child.....
Address.....
Daytime Telephone No..... Mobile No.....

Name..... Relationship to child.....
Address.....
Daytime Telephone No..... Mobile No.....
Please continue overleaf if necessary.

Each named person will know the chosen password (indicated above). If there is an emergency, and you have to arrange for another person to collect your child, please ring or email us. The person collecting your child **must be informed of the password.**

Parental Permissions: (Please delete YES/NO as appropriate)

I give consent for my child to:
Use Hillside school grounds and equipment …..... ..YES/NO
Have photographs taken of child for use on Pre-school Website and Facebook page . .YES/NO
Written observations to be made to inform planning …..... YES/NO
Occasionally a child may need a change of underwear if they have had an accident. The child will be encouraged to independently change themselves. However, if they require assistance, I give permission for the staff to give appropriate 'intimate care' if necessary..... YES/NO

Allergies, Medical and Important Information:

Does your child have any known medical conditions or any additional needs?.....YES/NO
Please give details.....
Does your child have any allergies, or any additional concerns that we should know?..YES/NO
Please give details.....
(All information will be kept strictly confidential).
I have read the Safeguarding policy and am aware that the setting's full policy document is available on the Pre-school website www.hillsideps.plus.com. I have read and accept the terms and conditions of the Breakfast and After School Clubs Working Relationship.

Full name of Parent/Carer.....

Parent/Carer signature..... Date.....