

Ladybirds Registration Form

Child's Surname.....

Child's Forename(s).....

Date Of Birth.....

Home Address.....

Town..... **Postcode**.....

Male/Female (delete as applicable)

Parent/Carer 1

Name & Relationship to child.....

Place of work.....

Contact Number 1

Contact Number 2.....

Email Address-.....

(Please note- This email address will be used to make contact with you regarding sessions, updates and INVOICES)

Parent/Carer 2

Name & Relationship to child.....

Place of work.....

Contact Number 1

Contact Number 2.....

Email Address.....

(Please note- This email address will be used to make contact with you regarding sessions, updates and INVOICES)

Please provide full names and contact numbers for those authorised to collect your child.

Name	Relationship to Child	Contact Number 1	Contact Number 2

Medical Information

Name of doctor.....

Surgery.....

Tel.....

Does your child take any medication? Yes/No

If so, please provide the name of that medication and what it is for.

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Name of Health Visitor.....

Surgery.....

Tel.....

Has your child had their “two year check” carried out by the Health Visitor? Yes/No

Are you eligible for 2 year old funded sessions? If so, you will need to provide us with your unique reference number prior to starting.

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Name of Social Worker.....

Based at.....

Tel.....

Does your child suffer with any allergies? Yes/ No (If yes, please provide details)

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Does your child take any medication? Yes/ No

If so, please provide the name of that medication and what it is for.

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(You may need to complete a medication form)

Does your child have any special dietary requirements? Yes/ No

(If yes, please provide details)

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Does your child have any disabilities? Yes/ No

(If yes, please provide details)

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Does your family celebrate any festivals or special occasions? If so, please provide details to enable us to recognise this in our setting too.

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What language(s) is/ are spoken at home?

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Please provide any other information that may help us settle your child in to Ladybirds.

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Parental Consent

- **Do you give permission for Ladybirds to take your child on short walks/ visits- eg shops/ park? Yes/ No**
- **Do you give permission for your child's photo to appear in the newspaper relating to Ladybirds? Yes/No**
- **Do you give permission for your child's photo to appear on the school's website? Yes/ No**
- **Do you give permission for staff to seek emergency medical treatment for your child if necessary? Yes/ No**

I understand that any carer who suspects that a child in his/her care may have been abused or neglected, has a duty of care to report such concerns to the Social Services Department.

Signed Parent/ Carer.....

Date.....

Please tick the days and sessions that you wish your child to attend.

Age of child

Term Time Only All Year Round (including holidays)

Day	7:30am-8:30am	8:30am-11:30am	11:30am-12:15pm H=hot meal L=packed lunch	12:15pm-3:15pm	3:15pm-6:00pm (Tea @ 4:30pm) <small>(This session will be charged by the hour- please state at what time you wish this session to end)</small>
Mon					
Tue					
Wed					
Thu					
Fri					

If your child is a Caterpillar/ Butterfly please indicate the sessions you **require during holidays**.

Day	7:30am-8:30am	8:30am-11:30am	11:30am-12:15pm H=hot meal L=packed lunch	12:15pm-3:15pm	3:15pm-6:00pm (Tea @ 4:30pm) <small>(This session will be charged by the hour- please state at what time you wish this session to end)</small>
Mon					
Tue					
Wed					
Thu					
Fri					

Lunch Sessions must be used in conjunction with either an **AM** or **PM** sessions.

We understand that parents may sometimes wish to collect their children earlier than these finish times - however, the full session price will be charged due to staffing and ratio purposes.

Please state the times you wish the after school sessions to end.

Signed Parent/ Carer.....

Date.....

Intended Start Date.....