



# Buddies Out of School Club Registration Form - Parkstone

Please fill in and tick boxes as appropriate

Please complete all parts of this document, paying particular attention to contacts and allergies (including asthma). Once you have completed the forms and read our terms and conditions please sign, date and return this form together with the registration fee to the Sunbeams Office (subject to terms and conditions).

Male ☐ Female ☐ Childs full name:

Date of birth:

Childs Year: ..... Class: .....

Have you registered a sibling with us before?

Yes ☐ No ☐

Does your child attend anywhere currently?

Yes ☐ No ☐ If Yes, where?

Preferred start date:

.....

**Primary Carer** Title:

Name:

Relationship to child:

Occupation:

Address:

.....

Postcode:

.....

Home tel:

Work tel:

Mobile:

Primary email address: (Invoices will be sent to this address)

**Secondary Carer** Title:

Name:

Relationship to child:

Occupation:

Address: (if different from above)

.....

Postcode:

.....

Mobile:

Work tel:

Home tel:

Email address:

Other contacts in case of emergency:

Name: ..... Relationship: ..... Tel no: .....

Name: ..... Relationship: ..... Tel no: .....

Allergies/medical/dietary/developmental conditions:

Are all vaccinations up to date? Yes ☐ No ☐

Please list any that are not:

Doctors name/practice:

.....

Health visitor name:

Tel no:

.....

FOR OFFICE  
USE ONLY:

DEPOSIT PAID?

DETAILS ON SYSTEM?

BOOKINGS ON SYSTEM?

PARENT MAIL

START DATE:

CONFIRMATION  
LETTER/EMAIL?

TERMS & CONDITIONS  
SIGNED

Do you have involvement currently with any other agencies such as social care/ family outreach/ speech and language services etc or does your child receive extra support in school? Yes ☐ No ☐

If so please list:.....

Any other info which may help us settle in your child:

I hereby give permission for the staff of Sunbeams Day Care to seek any necessary emergency medical treatment for my child in my absence Yes ☐ No ☐

Does your child need an inhaler? (If yes, we need one + spacer to keep on the premises and relevant document completed) Yes ☐ No ☐

I give permission for staff of Sunbeams Day Care to administer an emergency salbutamol inhaler if necessary Yes ☐ No ☐

I give permission for my child to have face paints Yes ☐ No ☐

I give permission for my child's photographs and videos to be used on social media Yes ☐ No ☐

I give permission for Sunbeams to apply insect repellent to my child as appropriate Yes ☐ No (I will provide my own) ☐

I give permission for staff of Sunbeams Day Care to administer medication if necessary Yes ☐ No ☐

I give permission for the staff to take my child on impromptu visits to the shops/park/library etc and understand they will be appropriately supervised Yes ☐ No ☐

I give permission for Sunbeams to apply high factor good quality Sunscreen to my child as appropriate Yes ☐ No (I will provide my own) ☐

I give permission for Sunbeams staff to keep records about my child, including photographs. I understand these records are totally confidential but that my child may appear in the background of other children's photographs Yes ☐ No ☐

I give permission for Sunbeams Day Care to discuss my child's progress and wellbeing with their chosen school and other professionals with the parent's knowledge Yes ☐ No ☐

I give permission for my child to be transported if necessary by Sunbeams Day Care, I understand they carry appropriate vehicle insurance and licences Yes ☐ No ☐

If you have answered No to any of the above please specify why:

## Data Protection

At Sunbeams Day Care we take our privacy responsibilities seriously and as such we will only use your personal information to manage our responsibilities towards your child – all personal information will only be used in accordance with this goal. From time to time, we will need to get in touch with you, either via email, letter or telephone, to update you about the nursery, any generic developments and to inform you of any issues relating to your child's health and wellbeing.

We will manage this data in a professional, ethical and secure way to maintain the integrity of our records – so that we can run the nursery accordingly. Personally Identifiable Information will not be shared with ANY third parties, unless you have given us permission to do so, for example: with your child's chosen school or other professionals. Only authorised staff can access your secured personal information.

**By signing this registration form, you certify that all information included is correct at the time of completion and agree to inform us of any changes immediately.**

Signed:

Date: