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**FUN PACK (After-School Club) REGISTRATION FORM**

**CHILD DETAILS:**

**Child's** Full Name: ..... Sex: Boy/Girl

known as: ..... Date of Birth: .....

Home Address: .....

..... Post Code: .....

**Who has legal responsibility for this child?:** .....

Residential Status: .....

Home Phone No: .....

Home E-mail address: .....

Preferred E-mail address for correspondence: .....

**PARENT DETAILS:**

**Father's** Full Name: Mr/Dr .....

known as: .....

Parental responsibility? Yes / No *(delete whichever does not apply)*

**Father's** Place of Work: ..... Department: .....

Occupation: ..... Telephone No: .....

Babraham Institute Employee? Y / N\* Mobile phone: .....

BBT Employee? Y / N\* Work E-mail Address: .....

Co. based on Babraham Campus? Y / N\* *\*Please circle as appropriate*

**Mother's** Full Name: Miss/Mrs/Ms/Dr.....

known as: .....

Parental responsibility? Yes / No *(delete whichever does not apply)*

**Mother's** Place of Work: ..... Department: .....

Occupation: ..... Telephone No: .....

Babraham Institute Employee? Y / N\*

Mobile phone: .....

BBT Employee? Y / N\*

Work E-mail Address: .....

Co. based on Babraham Campus? Y / N\* *\*Please circle as appropriate*

**CONTACT DETAILS:**

**Person/s *\*(other than parents)* to contact and Telephone No. if both parents unavailable in an emergency:**

***\*(This is a compulsory requirement)***

Name: ..... Telephone No: .....

Relationship to child: ..... Contact No. 1 (after parents)

***Other adults authorised to collect my child:***

*(Please list in the order you wish contact to be made).*

Name: ..... Telephone No: ..... (Contact No. **2**)

Name: ..... Telephone No: ..... (Contact No. **3**)

Name: ..... Telephone No: ..... (Contact No. **4**)

A password system is in place. Please state agreed password:

PASSWORD AGREED:

*I agree to inform the Nursery of any changes to the above list.*

Signed by parent/guardian:..... Date:.....

**SIBLING DETAILS:**

Name(s) and date(s) of birth of brother(s) and sister(s) .....

.....

.....

**FURTHER DETAILS:**

Religion: ..... Nationality: .....

Language: ..... Ethnicity: .....

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HEALTH INFORMATION:

Doctor's Name: .....

Doctor's Address: .....

Doctor's Telephone No: .....

Please indicate any **health problems** e.g. Asthma, Allergies.

.....  
.....

Please indicate any **dietary requirements** (Please tick reason/s)

.....  
.....

Medical\*  \* **A doctors note MUST be supplied**

Cultural

Religious

**Medication** (Please delete whichever does NOT apply)

Wasp/bee stings

I/we give my/our full permission for a suitable **spray** to be administered should my child receive a **sting**.

I/we DO NOT give permission for a spray to be administered.

Signed: ..... Date: .....

*In the event of **an emergency** I/we give my/our full permission for the above-named child to be **inspected by a doctor or nurse** and for treatment to be administered.*

Signed: ..... Date: .....

**Child Protection**; Fun Pack has a duty to report suspected child abuse (physical, sexual, emotional) or neglect.

*I confirm I am aware that Fun Pack has a duty to report suspected child abuse or neglect.*

Signed: ..... Date: .....

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INFORMATION SHARING:

We are occasionally requested to share information with other schools / settings. If your child attends another school / setting please indicate whether (*or not*) you happy for information regarding your child to be shared:

Yes, I/we am happy for information regarding my child to be shared with another school / setting which he / she attends. (*Please state the name of the other setting*  
:.....)

No, I/we are not happy for information regarding my child to be passed onto any other setting.

Signed: ..... Date: .....

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OBSERVATIONS (children in Reception Year only):

Fun Pack formally observes each child within the Early Years Foundation Stage in order to identify their individual needs, interests and next steps. Please sign below to give permission for observations to take place on your child.

Signed: ..... Date: .....

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WALKS IN BABRAHAM:

Fun Pack may occasionally have supervised walks within the Institute and Babraham Village and we hope all children will be able to accompany us.

I give my full permission for the above-named child to be taken on Fun Pack walks.

Signed: ..... Date: .....

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PERMISSIONS:

(Films / Games):

I / we give permission for my child to view PG certificated films and / or 7 + rated games (*e.g. Wii Sports*).

Signed: ..... Date: .....

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(Health and beauty: e.g. face painting / nail varnish / hair braiding):

I / we give permission for my child to take part in health and beauty activities.

Signed: ..... Date: .....

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**Any other information you think the Fun Pack should know about your child:**  
(*e.g. statements of Educational Needs/ EHC Plan*)

.....  
.....  
.....

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PHOTOGRAPH / VIDEO PERMISSION:

I am the parent/legal guardian of the child(ren) named below and I give permission for my child(ren) to be photographed or videotaped whilst in the care of 'Babraham Fun Pack' for the following purposes (please tick all that apply):

- Provider only – *this may include;*
  - Photo Albums
  - Displays
  - Staff coursework
  - Newsletters
  - Website
- Printed media
  - Internet

Childs Name: (Block capitals)

Parent/guardian Name(s): (Block capitals)

Address:

Parent/guardian Signature(s):

Date:

**FOR CHILD PROTECTION REASONS, CHILDREN'S FULL NAMES WILL NEVER BE GIVEN IN ANY PUBLICATION.**