



## Little Deer's - Before/After school service

### CHILD REGISTRATION FORM- 2025/2026

**Please complete one form per child.**

START DATE \_\_\_\_\_

**What days/times will your child be dropped off and picked up. Please give exact details.**

Mon	Tues	Wed Thurs Fri

**Class:** \_\_\_\_\_ **Teachers Name:** \_\_\_\_\_

**This form should be signed by the parents/guardians in the areas with \*.**

**Name of child** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Names of Other Children Attending the service** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

**Address: (Tel) Home:** \_\_\_\_\_

\_\_\_\_\_ **Work:** \_\_\_\_\_

\_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

**Address: (Tel) Home:** \_\_\_\_\_

\_\_\_\_\_ **Work:** \_\_\_\_\_

\_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Who may be contacted in an **emergency** if parents are not available?**

**Name and Address: (Tel) Home:** \_\_\_\_\_

\_\_\_\_\_ **Work:** \_\_\_\_\_

\_\_\_\_\_ **Mobile:** \_\_\_\_\_

#### **Family doctor**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Contact number** \_\_\_\_\_

**Medical history (Please outline any illnesses your child may have)**

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**NOTE Medical Care Plans may be required**

Does your child have any allergies? Yes \_\_\_ No \_\_\_

**If Yes, please complete the Form Below**

What is the child allergic to?
What is the nature of the allergic reactions? e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
What to do in case of allergic reactions, any medication used and how it is to be used? (e.g. EpiPen).
Is Medication Used?
Control measures – such as how the child can be prevented from contact with the allergen.
Other Comments

To be filed in the child's records and be available to staff

**PRESCRIBED MEDICATION**

Parents must sign and complete a medication form before prescribed medication is administered. Prescribed medication must clearly state child's name, dosage, route of administration, date and expiry date. We can only accept medicine that has the original pharmacy label and is written in the English language.

**AGREEMENT FOR MEDICAL TREATMENT**

I hereby give consent to my child (name of child) \_\_\_\_\_ receiving medical treatment if a doctor thinks it is required as an emergency and I cannot be contacted following reasonable attempts to do so prior to such treatment being administered.

In the event of an emergency an ambulance will be called. The parent will be contacted and informed about the emergency. \*Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**AGREEMENT FOR ANTI FEBRILE MEDICATION**

The service will only administer 'Calpol' (paracetamol) or Nurofen (Ibuprofen) if a child becomes unwell and has high temperature of 38°C or over. If a child has a high temperature the parent will be contacted before staff administer the *temperature reducing medication* and they will be asked to collect the child.

My child **does/does not** have an allergy to anti-febrile medication.

I hereby give consent/do not give consent to (name of child) \_\_\_\_\_ to receive anti-febrile medication, in the event of a high temperature.

\*Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Does your child have any additional special needs? *Note: You may be required to complete separate care plans in respect of your child relating to their additional/special need.*

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### I give permission for my child

To have their photo uploaded to the school website (if applicable) Yes [ ] No [ ] To eat birthday treats sent in from other parents (if applicable) Yes [ ] No [ ] To display photographs within the setting of the school (including group photographs) Yes [ ] No [ ] You may be asked to sign for other specific permission relevant to the service.

\*Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### COLLECTION PROCEDURE

**Before school:** Morning drop off: 8am sharp. Parents/Guardians are required to drop their child/children at the Main Gate of the school where they will be met by a staff member.

**After school:** Evening Collection: Parents/Guardians are required to pick up their child/children at the Main Gate of the school. All collections must be made by 6pm sharp. If a parent/guardian is picking up before 6pm, please ring the bell at the main school door entrance.

### COLLECTION AUTHORISATION

I authorise the following people to collect my child \_\_\_\_\_ in the event of my absence. I acknowledge unless I have spoken to the Manager my child **cannot** be collected by any other person.

1. Name: \_\_\_\_\_ (Tel) Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Address \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ (Tel) Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Address \_\_\_\_\_

Relationship to child: \_\_\_\_\_

3. Name: \_\_\_\_\_ (Tel) Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Address \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I confirm that the above persons have been informed by me that their details have been shared with the service

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If applicable  
Medical Emergencies Care Plan  
Other Care Plans  
Dr/Consultant Notes

### Data Privacy - Consent for Collection and Usage of your personal data

I understand the reasons for requesting the personal information sought about myself and my child in this Registration form. I consent to the collection and processing of the data given, for these purposes, by Little Deer's Breakfast and Afterschool club. .

I understand that I can request a copy of this information, and revise or withdraw my consent by contacting the service at any time.

Parent or Guardian's signature (1)

\_\_\_\_\_

Parent or Guardian's signature (2)

\_\_\_\_\_

Manager/designated person's signature: \_\_\_\_\_

Date: \_\_\_\_\_