

**Bojangles After School/Holiday Club:**  
**Child Information & 'Permissions Form**



Date:...../...../.....

Child's Full Name.....

Name used if different from above:.....

Date of Birth...../...../.....

Home Address.....

Home Telephone Number.....email:.....

Name of Parent/Carer:.....Relationship to child:.....

Name of Parent/Carer:.....Relationship to child:.....

Address, Tel and email, if different from child's address above:.....

Please attach photograph of Parents/Carers

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Place of work:.....Tel:.....email:.....

Place of work:.....Tel:.....email:.....

**Alternative Emergency Contact (MUST HAVE)**

Name .....

Tel: .....

Relationship to child: .....

**The person chosen to be your emergency contact should be someone other than the named parent/carer who is known to your child and who will be able to collect your child in the event that we are unable to contact you including if the child is ill or needs medical attention: Please inform this person that they have been named for this purpose.**

**Authorised people who may collect your child**

The setting must keep a record (signed by a parent/carer of the child) of the name of any person whom the parents have authorised to collect their child from the setting)

Please use the space below for this purpose (**including password**)

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

**YOUR CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANYONE WITHOUT YOUR WRITTEN PERMISSION this includes Grandparents and parents of other children who attend Cygnets. It would also help us if you could provide us with photographs.**

Name:	Name:	Name:	Name:

Main Language Used: .....Nationality: .....Religion: .....

I have seen the Ofsted Registration Certificate of Cygnets of Henley.

**I have been given a copy of the childcare provider’s complaints procedure, which includes an address and telephone number for Ofsted**

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

Parent/Carer of: .....(Childs’s name)

I/we will inform Cygnets of Henley Nursery in writing when any of the contact telephone numbers and/or details on the Enrolment form change.

Signed..... Date.....

**I give permission for staff at the setting to seek any necessary emergency medical advice or treatment for my child (named overleaf)**

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

**I give permission for my child (named overleaf) to be transported by car/minibus for the purpose of seeking emergency medical advice (if applicable)**

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

(A separate consent form will be used for outings)

Childs Doctor:.....Tel:.....

Doctors Address:.....

Details of any cultural or religious observances that should be taken into account when caring for the child (e.g. diet, dress, and religious holidays)

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Any health matters the setting should be aware of: (information about medication is recorded separately; in accordance with Standard 7 (Health) of the National Standards.

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Any Known Allergies: .....

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Additional Information .....

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**Photographs:**

**I give permission for staff to take photographs of my child/children) for the following purposes:**

**Please tick applicable boxes**

For use in providing evidence of activities for **OFSTED** only

For use as a record for parents of child's time at the After School/Holiday Club

For use in written promotional literature e.g. brochure (**NO NAMES**)

For use in promotional material on our web site (**NO NAMES**)

In Newspaper editorials for the Nursery/After School Club

By professional photographer for purchase by parents

I do **NOT** want my child photographed for any reason

Signature of Parent/Carer: ..... Date: .....

I/we will inform Cygnets of Henley Nursery in writing when any of the contact telephone numbers and/or details on the Enrolment form change.

Signed..... Date.....