|  |  |
| --- | --- |
| **Registration for childcare at …………………………..**   |  | | --- | | ***School address:***  ***Contact details:*** |   **Information is recorded in line with GDPR guidelines. This form is to be used in conjunction with relevant school privacy notices. This information will be shared with lead head teachers and necessary staff at the hub school.**  **Concisely we keep records:**   * To enable us to contact parents/emergency contacts * To enable us to be aware of children’s needs, (medical, dietary etc….) ensuring we keep all children safe and enabling us to act quickly and appropriately in an emergency situation. * To keep you updated about our service |

**Data Collection Sheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PUPIL DETAILS** | | | | | | |
| **Surname of Pupil** |  | **Legal Surname** | |  | | |
| **Forename of Pupil** |  | **Middle name** | |  | | |
| **Chosen Forename** |  | **Gender** |  | | **Date of Birth** |  |
| **Home Address of Pupil** |  | | | | | |
| **Welsh Speaking Y/N** |  | | | | | |
|  |  | | | | | |

|  |  |  |
| --- | --- | --- |
| **MEDICAL INFORMATION** | | |
| **Medical practice address/telephone number** | |  |
| **Medical conditions we should be aware of including allergies** | | |
|  | | |
| **Dietary Requirements** | | |
|  | | |
| **Disability** | | |
| The school has a duty under the Disability Discrimination Act to collect any information on any disability your child or immediate family / carer may have. This is to ensure the school can seek to meet your individual needs. All information provided will be treated with the strictest confidence. | | |
| **Pupil disability** |  | |
| **Parent / Carer Disability** |  | |

It is important that we hold correct parental address details and contact information in case of an emergency.

**It is your responsibility to inform the school of any changes.**

Please list details of all persons who hold parental responsibility and anyone else that you wish us to contact in an emergency.

**Place them in the order you wish them to be contacted.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1** | **Contact Information** | | **Address** | | **Contact Details** | |
| **Name (including title)** | | |  | | **Home Tel No.** |  |
|  | | |
| **Work Tel No.** |  |
| **Mobile No.** |  |
| **Relationship to Child** | | |
|  | | | **E-mail Address** | |
| **Postcode** |  |  | |
| **Parental Responsibility** | | **YES / NO** |
| **2** | **Contact Information** | | **Address** | | **Contact Details** | |
| **Name (including title)** | | |  | | **Home Tel No.** |  |
|  | | |
| **Work Tel No.** |  |
| **Mobile No.** |  |
| **Relationship to Child** | | |
|  | | | **E-mail Address** | |
| **Postcode** |  |  | |
| **Parental Responsibility** | | **YES / NO** |

|  |  |
| --- | --- |
| **Collection from School** | |
| Please could you complete the table below indicating who has permission to collect your child from school and their relationship to your child | |
| **NAME** | **RELATIONSHIP TO PUPIL** |
|  |  |
|  |  |
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| --- |
| * I understand that by completing and signing this registration form I agree to the childcare provision at   *……………….…………..…*   * I will inform the provision of any changes in circumstances relating to the above or anything that may affect my child.   **Name of parent/carer:**  **Signature of parent/carer: Date:** |