

The Hollies Out of School Club Parent Handbook and Registration

**Please complete all sections of this document and return it to The Hollies
Childcare Facility before your child/children start using the facility.**

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1.0 Registration Form

First name of child					
Name known by					
Last name of child					
Gender					
Date of birth					
Required Attendance (please tick)	Monday	Tuesday	Wednesday	Thursday	Friday
Names of parents/carers	1.		2.		
Home address					
Postcode					
Email address					
Home telephone					
Work telephone					
Mobile phone					

Please provide the details of friends or family members who are authorised to collect your child or who we can contact in an emergency.

Name	1.	2.
Home address		
Postcode		
Home telephone		
Work telephone		
Mobile phone		
Relationship to child		

Should any of these details change please advise us immediately.

Signed: _____ (Parent/carer) Date: _____

Name: _____ (Please print)

2.0 Child's Medical Form

Child's name			
Name of doctor			
Doctor's address			
Doctor's telephone			
Does your child have any known medical conditions. E.g. Asthma, eczema ,	Yes		
	No		
If yes please give details			
Does your child have any allergies e.g. Hayfever, plasters, food.	Yes		
	No		
If yes please give details			
Does your child require a specific diet e.g. vegetarian, religious or cultural.	Yes		
	No		
If yes please give Details			
Please provide any other relevant information you feel staff should be aware of (for example religious or cultural needs that need to be taken into account at meal times).			

I consent to any emergency medical treatment necessary during the running of HOSC. I authorise HOSC staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Please tick appropriate box: Yes ☐ No ☐

Should any of these details change please advise us immediately.

Signed: _____
(Parent / Carer)

Date: _____

Name: _____
(Please print)

3.0 Sun Protection

The Hollies recognises that over exposure to sunshine can have detrimental health risks to children. Although the appropriate application of sun cream is the responsibility of the parent / carer, it may be required to apply additional sun cream to the child to provide continued protection.

Where possible, the Hollies will use a suitable brand of sun cream of SPF50 and requires your permission as a parent / carer to apply sun cream to your child/ren.

I,parent / carer of

Give / refuse (please delete as applicable) permission for The Hollies to apply sun cream to my child/children

Signed: _____
(Parent / Carer)

Date: _____

Name: _____
(Please print)

4.0 Permission to take photographs

The Hollies may take photographs of your child/children whilst attending. We would like to use the photographs for publicity purposes.

We require your permission as a parent / carer to use the photographs in this manner.

Please complete and sign the form below giving / refusing permission for the pictures of your child/children to be used.

I, parent / carer of

Give / refuse (please delete as applicable) permission for The Hollies to take photographs of my child/ren for use in The Hollies setting.

Give / refuse (please delete as applicable) permission for The Hollies to use photographs of my child/ren for publicity purposes and/or social media.

Signed: _____ Date: _____
(Parent / Carer)

Name: _____ (Please print)

5.0 Permission to use face paints, nail varnish, temporary tattoos.

The Hollies may use face paints, nail varnish, tattoos and sticking plasters and require your permission to do so.

Please complete and sign the form below giving / refusing permission to use face paints, nail varnish, tattoos and sticking plasters to be used, and return the slip as soon as possible.

I,parent / carer of

Give / refuse (please delete as applicable) permission for The Hollies to use face paints, nail varnish, tattoos and sticking plasters in the setting.

Signed: _____ Date: _____
(Parent / Carer)

Name: _____
(Please print)

6.00 Permission for The Hollies to provide intimate care

Child's name

Date of Birth

I give permission to The Hollies to provide appropriate intimate care support to my child
e.g. changing soiled clothing, washing, toileting etc.

I will advise the CAO of any medical complaint or reason my child may have which affects issues
of intimate care.

Name
(Please print)

Signature

Relationship to child

Date

Please provide us with a password which can be used for collection of your child.