The Hollies Childcare Facility Wraparound

Parent Handbook and Registration

Please complete all sections of this document and return it to The Hollies Playgroup before your child starts using the Nursery Wraparound Care.

A copy will be kept in your child's individual file and a photocopy will be returned to you for your information.

Registered Charity Number: 1196324

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1.0 Registration Form

First name of child		
Name known by		
Last name of child		
Gender		
Date of birth		
Names of parents/carers	1.	2.
Home address Postcode		
Email address		
Home telephone		
Work telephone		
Mobile phone		

Please indicate the days and services that you require.

Required Attendance (please tick)	Monday	Tuesday	Wednesday	Thursday	Friday
Afternoon Session 1230-1530					
Out of School Club 1530-1730					

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: _____ (Piease 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 the Playgroup. I authorise Playgroup 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: _____ Date: _____

(Parent / Carer)

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/ren

Signed: _____ Date:_____
(Parent / Carer)

Name: _____
(Please print)

4.0 Permission to take photographs

The Hollies may take photographs of your child/children whilst in Playgroup. 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 Playgroup to take photographs of my child/ren for use in the Playgroup setting.

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

Signed: _____ Date: _____
(Parent / Carer)

Name: _____(Please print)

5.00 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)

6.0 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 _____

7.0 Method of Payment

Childcare Offer for Wales funding	YES	NO
Work related childcare vouchers	YES	NO
Bank Transfer e.g via online banking	YES	NO
Tax Free Childcare Scheme	YES	NO

Signed: _____ Date: _____
(Parent/Carer)

Name: _____
(Please Print)

Please Note:

If you are paying by Childcare Vouchers, Bank Transfer or Standing Order you must use your child's name as reference.