

Admin only

Name.....

DOB.....



Charity No. 1039617

HOLIDAY CLUB REGISTRATION PACK

Please read through all the pages and fill in all sections
If you have any queries please contact the manager

Premises Address

The Beehive Out of School Club
Club Mobile
Colman Infant School
Colman Road
Norwich

Postal Address

The Beehive Childcare Group
Eaton Parish Hall
Colman Road
Norwich
NR4 7AW

Tel: 01603 259193

Email: beehives@btconnect.com

Website: www.thebeehivechildcaregroup.co.uk

Start Date	

BEEHIVE CHILDCARE GROUP – HOLIDAY CLUB

PERSONAL DETAILS

Child's Full Name.....

Name known as..... Male Female

Date of Birth

Child's Address.....

.....Postcode.....

Telephone.....Mobile.....

Email address.....

Full Name of parent(s) with whom the child lives

1..... 2.....

Does this parent have parental responsibility? Yes /No.

Does this parent have parental responsibility? Yes / No.

Full Name of parent with whom the child does not live.....

Does this parent have parental responsibility? Yes / No

Address.....

.....

.....Postcode.....

Telephone.....Mobile.....

Does this parent have legal access to the child? Yes No

Are there any custody arrangements we need to be aware of? Yes No

(If Yes, please complete the Court Orders form in this pack and return it to the Manager.)

Names and Dates of Birth of Siblings.....

.....

Details of adults living at child's address:

.....

.....

Emergency contact details

Parent 1 – Work/daytime contact number.....

Occupation/place of work.....

Parent 2 – Work/daytime contact number.....

Occupation/place of work.....

Other Adult – Work/daytime contact number

Give details of someone to contact, if you are not available, who will collect your child in case of illness/emergency.

Name Relation to Child

Telephone..... Mobile.....

Name.....Relation to Child.....

Telephone..... Mobile.....

Please give the names of one or two other people authorised to collect your child from the Beehive Childcare Group (Must be over 16 years old)

1.....Mobile.....

2.....Mobile.....

MEDICAL DETAILS

Name of DoctorTelephone Number

Surgery Address.....

.....

Telephone Number

Health Centre Address.....

.....

.....

Has your child been immunised against the following at the ages Two, Three and Four months old?

Haemophilus influenzae Yes No Whooping Cough Yes No

Diphtheria Yes No Polio Yes No

Tetanus Yes No Pneumococcal Infection Yes No

Meningitis C Yes No

Has your child been immunised against the following at the age of Twelve and Thirteen months old, and again at starting school age (age 3 years 4 months to 5 years)?

Haemophilus influenzae Yes No M.M.R Yes No

Meningitis C Yes No Pneumococcal Infection Yes No

Does your child suffer from any allergies or require any special medical attention? Yes No

If Yes, please specify allergy.....

State medication used.....

.....
(If administration of the medication is required in the school environment, please speak to the Manager – we have a Medical Record Book which needs to be signed by a parent or guardian. We will require a letter from your GP with information regarding ongoing medication)

Has your child been in hospital recently? Yes No

If Yes, please specify.....

Is your child currently having speech therapy or regular hearing checks? Yes No

If Yes, please state organisation under which the child is receiving help.

.....
Does your child have any special educational need it would be helpful for us to know.

Yes No If yes please specify.....

FURTHER INFORMATION

Does your child have any disabilities? Yes No

If yes, please state the disability.....

We want anyone with disabilities to receive fair provision in our organisation, please indicate if there are any specific improvements or changes that we may be able to provide:

.....
Does your child require any special care or diet? Yes No

If yes, please complete the 'Special dietary/care requirements' form near the end of this pack.

Are there any recent events which you feel may have affected your child or anything you think may be beneficial for us to be made aware of? For example, recent family changes, pets etc

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.....
Is your child able to make a simple snack with supervision whilst at Club? Yes No

Has your child previously attended Beehive Pre-school/ After School /Breakfast/Holiday Club?

Yes No

Has your child previously attended another 'Out of school hours' child care facility?

Yes No

During your time with us would you like to volunteer to help with any of the following?

- | | | |
|---|------------------------------|-----------------------------|
| Become an Honorary Committee Member or Committee Member | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Work as a member of the fund raising committee | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Wash towels / dressing up clothes, etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Help with cooking / planned activities | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Repairs to equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

ETHNIC GROUP

To enable us to remove any unfairness or disadvantage and to help us with our equality policies, please tell us your racial background:

- | | | |
|--|--|--|
| <u>White</u> | <u>Mixed</u> | <u>Asian or Asian British</u> |
| <input type="checkbox"/> British | <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Indian |
| <input type="checkbox"/> English | <input type="checkbox"/> White and Black African | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Irish | <input type="checkbox"/> White and Black Asian | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Any other Mixed | <input type="checkbox"/> Any other Asian |
| <input type="checkbox"/> Welsh | Please specify..... | Please specify..... |
| <input type="checkbox"/> Gypsy/Roma | | |
| <input type="checkbox"/> Traveller of Irish Heritage | | |
| <input type="checkbox"/> Any other White Please specify..... | | |

- | | |
|--|---|
| <u>Black or British</u> | <u>Chinese or other ethnic background</u> |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> African | <input type="checkbox"/> Any other ethnic group |
| <input type="checkbox"/> Any other Black | Please specify..... |
| Please specify..... | |

Does your child have any special cultural needs?

What is the main religion in your family?

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?.....

.....
 Please state first and second language.....

PARENTAL PERMISSION FORM

1. From time to time we may wish to take your child out of Holiday Club to visit local places of interest or on organised trips further a field.

Do you give your consent for your child to leave the premises on any accompanied outing? Yes No

2. We periodically take photographs of children at Holiday Club and use the photographs in the child's file, in our displays, and occasionally in publicity materials, including the Beehive website. We may also video some events, such as activity days, outings and other events.

Do you give permission for the Beehive Group to photograph or video your child and use in journals, displays, on our website or in our publicity materials?

Journals Yes No Displays Yes No Photo Yes No Video Yes No The internet/Publicity Yes No

3. At Beehives we want your child to enjoy the sun safely. It is important for your child to be protected when playing outside.

Do you consent to your child wearing sun cream provided by Beehives? Yes No

Or

Will you provide sun cream for your child (clearly labelled with child's name) Yes No

4. Do you give permission for your child to be helped in the applying of sunscreen by the Beehives staff? Yes No

5. Do you give permission for Beehive staff to apply plasters to your child if required? Yes No

6. Do you give your consent for basic first aid to be administered to your child by Beehive staff if required? Yes No

7. Do you give permission for Beehive staff to take appropriate action to obtain medical help for your child, including sending them to hospital, if required? Yes No

8. Do you give permission for Beehive staff to authorise medical treatment for your child should it be required on their admission to hospital, or if we are unable to contact you? Yes No

Please check you have ticked all the appropriate boxes on this page, then sign and date. If there is anything you don't understand please speak to the Manager.

Parent/carer signature Print Name Date.....

DECLARATION

I agree to abide by the rules, policies and procedures of The Beehive Childcare Group. I agree to pay fees and any additional charges for outings, parties and other events when due.

Parent/carer signature Print Name Date.....

How did you hear about the Beehive Holiday Club?

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COURT ORDER FORM

Is the child subject to any court order? Yes No

If Yes, please specify and give details:

1. CONTACT ORDER Defining how, where, when, with whom and for how long contact should be made.

2. RESIDENCE ORDER Determining with whom the child should live.

3. SPECIFIC ISSUE ORDER Determining specific questions, which cannot be agreed voluntarily.

4. PROHIBATED STEPS ORDER Preventing someone from doing something s/he might normally do in fulfilling PARENTAL RESPONSIBILITY

5. CARE ORDER Which may determine the extent to which PARENTAL RESPONSIBILITY may be exercised.

6. SUPERVISION ORDER

7. EDUCATION SUPERVISION ORDER

8. ANY OTHER INFORMATION: (By Whom)

SIGNED:

DATE:

