



# Curious Minds

## Registration Form

Start Date: \_\_\_\_\_

Cease date: \_\_\_\_\_

Name of child \_\_\_\_\_ Date of birth \_\_\_\_\_

Class in Primary School \_\_\_\_\_

Address: \_\_\_\_\_

### Details of Parent(s)/Guardians:

1. \_\_\_\_\_ Phone number \_\_\_\_\_

2. \_\_\_\_\_ Phone number \_\_\_\_\_

Email: \_\_\_\_\_

*In the event of an emergency and the parent/carer can't be reached, please indicate another person who may be contacted.*

Name \_\_\_\_\_

Telephone number \_\_\_\_\_

### Details to person authorised to collect my child

1. Name \_\_\_\_\_

1.1 Telephone number \_\_\_\_\_

2. Name \_\_\_\_\_

1.2 Telephone number \_\_\_\_\_

### Medical information

Child's General Practitioner \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Has your child been immunised against	Yes	No
6 in 1 Diphtheria, Haemophilus influenzae b (Hib), Hepatitis B, Pertussis (Whooping cough), Polio, Tetanus		
PCV Pneumococcal conjugate		
MenB Meningococcal B		
MMR Measles, Mumps, Rubella		
Rota Rotavirus MenC Meningococcal meningitis C MMR Measles, Mumps, Rubella		
Hib/MenC Haemophilus influenzae b/ Meningococcal meningitis C		
4 in 1 Diphtheria, Pertussis (whooping cough), Polio, Tetanus		

Has your child any of the following	Yes	No
Hearing Problems		
Physical Problems		
Sight Problems		
Speech Problems		

If "yes" please give details \_\_\_\_\_

**Does your child have any of the following?**

Allergies (food, medication...) \_\_\_\_\_

Special Dietary Requirements \_\_\_\_\_

Special needs \_\_\_\_\_

Ongoing Illness \_\_\_\_\_

If "yes" please give details

\_\_\_\_\_

Is your child on long term medication?                      Yes                      No

If "yes" please give details

\_\_\_\_\_

Any other information that you might think we need to know about your child?

\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_



# Curious Minds Community Pre-School & After School Programme!

## Outings Consent

I consent to \_\_\_\_\_ going on outings organised by Curious Minds Community Pre-School / After School Programme. All these outings will be within walking distance of the centre and will be supervised at all times.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Photo/Video Consent

I consent to having photographs taken on my child \_\_\_\_\_ recorded on video as part of the activities of the Curious Minds Community Pre-School / After School Programme and published in social media and website.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Sun Cream Consent

I \_\_\_\_\_ give consent for my child \_\_\_\_\_ to administer sun-cream to my child if will be necessary.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Calpol consent:

I \_\_\_\_\_ give permission for my child to give the age appropriate dose of Calpol as a temperature reducing medicine when needed.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Medicine Consent

I \_\_\_\_\_ give consent for my child \_\_\_\_\_

To be given \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Agreement to Medical Treatment

I consent to \_\_\_\_\_ receiving medical treatment and/or anaesthesia if a doctor feels as though it is necessary in the emergency treatment of my child and I cannot be contacted for any reason.

Signed \_\_\_\_\_ Date \_\_\_\_\_