



BOOMERANG KIDS REGISTRATION FORM

Please complete **ALL sections** of this form, we will return any incomplete forms to you as we are unable to process incomplete forms.

Child Information

Name:

Known as (if different):

Gender: Date of Birth:

Child's first language: Other languages:

Religion: Ethnic origin:

Address:

..... Post Code:

Email: Home telephone:

Parent / Carer Information

Name:	Name:
Occupation:	Occupation:
Work address:	Work address:
Working hours:	Working hours:
Work Telephone:	Work Telephone:
Mobile phone:	Mobile phone:

- Person/s who has **legal parental responsibility** for the child (*Named on child's birth certificate*)

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Persons authorised to collect from Boomerang Kids

1. Name and Relationship Photo provided: YES/NO
2. Name and Relationship Photo provided: YES/NO
3. Name and Relationship Photo provided: YES/NO
4. Name and Relationship Photo provided: YES/NO

NO CHILD WILL BE RELEASED TO AN UNAUTHORISED PERSON

❖ Collection Password:



• General Information

Please, provide us with any additional information which you think may be helpful to us, such as siblings, pets, special words, worries, etc:

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- Does your child get care from other services (Language School, Child-Minder, other Activity Club)?
Yes / No -----
 - Does your child have any special needs? Yes / No (continue in a separate sheet if necessary)
 - Do you have any concerns about your child's development? Have you approached anyone with these concerns (e.g a speech and language therapist)? Yes / No (continue in a separate sheet if necessary)
 - Has your child or sibling attended/currently attending Boomerang Kids? Yes / No

Medical details

Childs Doctor: ----- Telephone Number: -----

Address: ----- Post Code: -----

Childs Health Visitor: -----

- Has your child has any of the following immunisations? *(Please circle where appropriate)*

Diphtheria: Yes/No

Whooping Cough: Yes/No

MMR: Yes/No

Tetanus: Yes/No

HIB: Yes/No

Polio: Yes/No

- Allergies (Please supply a doctor certificate with information regarding each specific allergy)

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- Any Major Illness (including operations)

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- Ongoing health problems

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- Are there any special needs you would like to discuss with us? -----

- Do you have any concerns with your child's development? -----

At Boomerang Kids, we are committed to learning about both cultural and religious diversity. If there are any activities that you would prefer your child not to take part in, please give the details below:



I / We agree to the following:

- Permission to carry out observations on my child, and share information with other health professionals where appropriate (Please refer to our safeguarding policy)
- Permission for staff to administer First Aid as required.
 - In scenarios where a child may require hospital treatment, every attempt will be made to contact parent/carers, but failing this, the setting is authorised to act on the parent behalf and authorise necessary treatment.
- Permission to apply Factor 30 or above Sun creams as required.
- Permission to apply Nappy Cream if required (please supply).
- Permission to apply Face Paints.
- Permission for my child to go on brief local outings (consent will be sort for major excursions).
- Permission for photographs/ videos to be taken within the lay setting.
- Permission for photographs to be used for website and other promotional materials, such as newspapers (no names).
- Permission for group/class photos.

Parent/Carer Signature -----

Print Name -----

Date -----

Please note that our Policies and Procedures are available at the reception area.

**All information is strictly confidential and stored in accordance with The Data Protection Act.*