



## Platform 4 <sup>3</sup>/<sub>4</sub> Registration Form

### Nursery – Year 6

#### Child's details:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

What they like to be called: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Year: \_\_\_\_\_ Class: \_\_\_\_\_

First language: \_\_\_\_\_

#### Parent/carer details

Title
First Name
Surname
Contact numbers 1. .... 2. ....
Home address

Title
First Name
Surname
Contact numbers 1. .... 2. ....
Home address

<b>Work address</b>
<b>E-mail address</b>

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<b>E-mail address</b>

## Alternative Emergency Contact Details

Please provide the details of at least one person we can contact if we are not able to get hold of you.

<b>Name</b>
<b>Telephone number</b>
<b>Mobile number</b>
<b>Relationship to the child</b>

<b>Name</b>
<b>Telephone number</b>
<b>Mobile number</b>
<b>Relationship to the child</b>

## Who will normally collect your child from Platform 4 ¾ / Wrap-Around Care

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Your child will only be released to people you have named on this form. It is essential that you notify staff if there is any change to this arrangement. Children cannot be released to siblings/friends under the age of 16.

## Details of Child's Doctor

<b>Name of Doctor</b>
<b>Address of surgery</b>
<b>Telephone number</b>

## Additional Details

**Please detail any allergies or intolerances your child has: please provide full details if medication is needed.**

**Please detail any dietary requirements for your child:**

**Is there anything your child doesn't like (e.g. food, games etc) or is scared of?**

**How would you describe your child's ethnicity or cultural background?**

**What is the main religion in your family?**

**Is there anything else you think we should know about your child?**

## Please circle the appropriate Yes or No option

- I give permission for my child to have his/her photograph taken by a member of Platform 4 ¾ /Wrap-Around Care staff Yes      No
- I give permission for photographs taken to be used for display and craft purposes Yes      No
- I agree that photographs taken of my child may be used to promote Platform 4 ¾ /Wrap-Around Care in a local newspaper or on the school's website. Yes      No
- I give permission for my child to watch films or television programmes or computer and console games that are classified U or PG (PG for Reception and above only). Yes      No
- I give permission for my child to use face paints. Yes      No

Signed: \_\_\_\_\_ (parent or carer)

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

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### Platform 4 ¾ Registration Fee

I enclose a one-off £10.00 registration fee for the \_\_\_\_\_ family.

I have paid £\_\_\_\_\_ via online payments. Receipt No: WCPS 

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Names of children in the family:

\_1. \_\_\_\_\_

\_2. \_\_\_\_\_

\_3. \_\_\_\_\_

\_4. \_\_\_\_\_

Signed: \_\_\_\_\_

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

Please make cheques payable to **Worcestershire County Council.**

# Terms and Conditions

- I understand that fees must be paid in advance.
- I understand that persistent late or non payment of fees may jeopardise my child's continued place.
- I give permission for the setting to share information with other professionals as appropriate.
- I understand that Platform 4 ¾ is not responsible for any of my child's personal possessions.
- I am aware that Platform 4 ¾ has a duty to report any concerns to the appropriate authority.
- I give permission for a trained member of staff to administer appropriate first aid if required.
- I give permission for Platform 4 ¾ to seek the necessary emergency medical advice or treatment in the event that my child is involved in a serious accident. I expect to be contacted immediately on the above telephone numbers.
- I have read and accepted the above conditions for my child to attend Platform 4 ¾.

Signed: \_\_\_\_\_ (parent or carer)

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

Please return this copy.

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Signed: \_\_\_\_\_ (parent or carer)

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

Please keep this copy for your records.