

Registration for childcare at	
School address:	
Contact details:	

Information is recorded in line with GDPR guidelines. This form is to be used in conjunction with relevant school privacy notices. This information will be shared with lead head teachers and necessary staff at the hub school.

Concisely we keep records:

- To enable us to contact parents/emergency contacts
- To enable us to be aware of children's needs, (medical, dietary etc....) ensuring
 we keep all children safe and enabling us to act quickly and appropriately in an
 emergency situation.
- To keep you updated about our service

Data Collection Sheet

PUPIL DETAILS						
Surname of Pupil		Legal Surname				
Forename of Pupil		Middle n	liddle name			
Chosen Forename		Gender			Date of Birth	
Home Address of Pupil						
Welsh Speaking Y/N						

	MEDICAL INFORMATION				
Medical practice address/telephone number					
Medical con	ditions we should be aware of including allergies				
Dietary Requirements					
Disability					
The school has a duty under the Disability Discrimination Act to collect any information on any disability your child or immediate family / carer may have. This is to ensure the school can seek to meet your individual needs. All information provided will be treated with the strictest confidence.					
Pupil disability					
Parent / Carer Disability					

It is important that we hold correct parental address details and contact information in case of an emergency.

It is your responsibility to inform the school of any changes.

Please list details of all persons who hold parental responsibility and anyone else that you wish us to contact in an emergency.

Place them in the order you wish them to be contacted.

1 Contact Informatio	n	Address		Contact Details		
Name (including title)				Home Tel No.		
				Work Tel No.		
Relationship to Child				Mobile No.		
·				E-mail Address		
Parental Responsibility	YES / NO	Postcode				
2 Contact Information		Address		Cor	ntact Details	
Name (including title)				Home Tel No.		
				Work Tel No.		
Relationship to Child				Mobile No.		
			,	E-n	nail Address	
Parental Responsibility	YES / NO	Postcode				

Collection from School

Please could you complete the table below indicating who has permission to collect your child from school and their relationship to your child

NAME	RELATIONSHIP TO PUPIL

•	 I understand that by completing and signing this registration form I agree to the childcare provision at 				
•	I will inform the provision of any changes in circumstances relating to the above or anything that may affect my child.				
Na	me of parent/carer:				
Si	gnature of parent/carer: Date:				