

# Registration/Permission



## Early Birds and Night Owls

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Parent/Guardian Name	
Address	
Post code	
Child's Name	
D.O.B.	
Contact numbers	
Email address	

School ..... Class.....

	Early Bird 7am-9am	Night Owls 3:30pm – 6:00pm
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

## Medical Details

Please provide details of any medical conditions, allergies or other information we would require.

Medical condition if applicable	Details

Doctors Name .....

Doctors Address.....

.....

Doctors Telephone.....

Are your child's immunisations up to date

Yes / no.

If no please give details below.

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## Emergency Contacts

Please provide emergency contact details (IN THE ORDER IN WHICH YOU WISH THEM TO BE CONTACTED)

Name	Telephone	Email

## Collection information

Please provide names and contact numbers for people who will have permission to collect your child

Name	Relationship to child	Contact telephone number

If you would like to provide us with a password this will be used to confirm with the person collecting your child on that day.

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### Photograph Permission

Photographs are an important part of sharing your child's learning journey. Please sign below to give consent for your child to be photographed whilst in the setting.

Childs Names .....

Parents Signature .....

### Facebook Parent Page Permission

Permission is given for my child's photograph to be shared into the closed Facebook page for 2 Little Birds parents. I further agree NOT to share any photographs containing other children on any social media platform.

Childs Name .....

Parents signature .....

### Social Media (Facebook, twitter, website) permission

Occasionally 2 Little Birds will use photographs/videos for publicity, promotions, information. This can include social media and local and national media (newspapers). Occasionally photographs will be used on our website. The children faces will not be obscured or pixelated.

Please sign to grant permission

Child's Name.....

Parents Signature.....

## Local off site Visit Permission

2 Little Birds believe it is important for children to be aware of their wider community and on occasion will be taken off site to visit a variety of places, included but not limited to, local shops, parks, library etc. Please sign to give consent for your child to be taken off site for local visits.

Child's Name.....

Parents Signature.....

## Car Permission

2 Little Birds will on occasions :-

Take or Pick up your children to/from school by car.

Go on trips to the garden centre or local shops etc by car

(All Staff have business insurance and is available to view if required. All our cars will carry a suitable booster seat.)

Childs Names .....

Parents Signature .....

## Sharing of Data

On occasions, it may be required for 2 Little Birds to share information about your child with other outside agencies. This can include but not limited to Health visitors, medical professionals, and local council. Please sign below to grant permission for information to be shared

Child's Name.....

Parents Signature.....

I.....Parent /Carer of

(Child).....have read the wrap around policy and agree to the terms and conditions set out in it