



**PULTENEYTOWN PEOPLE'S PROJECT**  
41 Murchison Street, Wick KW1 5HW  
Tel. 01955 606950 Fax 01955 604918  
email: p-p-p@btconnect.com

### Childcare Registration Form

#### Child details

Child's full name:	
Preferred name/nickname:	Date of birth:
Home address:	Home phone number:
	School attended:
	Teacher/class:
Doctor/GP name:	Doctor/GP telephone number:
Please list any additional needs, medical conditions, allergies or any special dietary requirements we should be aware of:	
Please list any medication that the child may need to self administer (e.g asthma inhaler) (If the child requires any medication please discuss this with the childcare staff and read our 'Administration of Medicine Policy')	
Who will usually collect your child from childcare?	Is there anyone who should <b>not</b> be allowed to collect your child?
Are there any other family members registered with us? Please list their names and ages:	

#### Parent / carer information

Name:	Name:
Relationship:	Relationship:
Home address / phone no. as above? Yes / No	Home address / phone no. as above? Yes / No
If no - Address & phone number:	If no - Address & phone number:
Mobile no.	Mobile no.
Work Tel no.	Work Tel no.
Work place name/address:	Work place name/address:
Email address:	Email address:

In case of emergency we will contact the parents/carers listed above. **Please ensure that your mobile phone is switched on and you can be contacted.** Please provide two additional emergency contacts that can be called if we are unable to reach you.

Name:	Name:
Relationship:	Relationship:
Home phone no.	Home phone no.
Mobile phone no.	Mobile phone no.
Work phone no.	Work phone no.

**PLEASE ENSURE THAT YOU UPDATE US IMMEDIATELY WITH ANY CHANGES TO PERSONAL DETAILS OR TELEPHONE NUMBERS OF EMERGENCY CONTACTS**

Children will not be passed to the care of an adult if they are not named above. You must inform us in advance if there is to be any change to collection arrangements.

Children become the responsibility of the Centre only when our staff have collected your child from the approved collection point. Until this time your child is the responsibility of the school or parent/carer.

The same principle applies for children who are instructed by parents to walk to/from from the Centre. The staff can not accept responsibility for your child before they arrive or once they have left the premises.

Please take time to read our Policies and Procedures which are available from staff within the Centre.

### Permissions

Please read the statements below and delete as appropriate to indicate whether or not you consent. If you have any queries regarding these statements please don't hesitate to ask a member of staff.

I give permission for staff to apply sun-care cream for my child during outdoor activities	Yes	No
I give permission for photographs to be taken of my child at Centre activities which may be used within the Centre	Yes	No
I give permission for photos/video to be taken of my child which may be used in publicity (newspapers, newsletters) for PPP and on the PPP website	Yes	No
I give permission for photos/video to be taken of my child which may be used on social networking sites e.g. Facebook, Twitter, Caithness.org	Yes	No
I give permission for my child to participate in activities which may involve wearing face paints, temporary coloured hairsprays, transfers or tattoos	Yes	No
I give permission for my child to take part in trampoline activities	Yes	No
I authorise trained staff to give any necessary first aid treatment to my child	Yes	No
I authorise trained staff to accompany my child to hospital in my absence if necessary	Yes	No
I give permission for my child to be taken on routine outings in the community i.e. walks, trips to the park. (For outings involving travel away from the centre an additional slip will be issued)	Yes	No
I give permission for my child to be transported by staff in own transport/bus/taxi - including pickup and drop offs at schools and home	Yes	No
I give my child permission to walk to/from home and the PPP Centre when informed by their parent/carer. (Please notify staff on days this happens)	Yes	No

<b>Admin use only:</b>	
Date of this Registration:	Applicant registered within MAASK:
Applicant added to database as client	Date: Name:
Any previous registration found on database? Y / N	If 'yes' then compare/update details and note any changes below
Changes to previously recorded registration:	