

Registration Form

Start Date: .....

School: .....

Name of child .....

Date of birth .....

Address .....

Home telephone number .....

Parent/guardian's - 1<sup>st</sup> Name .....

Place of work .....

Telephone number at work .....

Parent/guardian's - 2<sup>nd</sup> Name .....

Place of work .....

Telephone number at work .....

Emergency contact if Parent cannot be reached .....

Address .....

Telephone number .....

Relationship to child .....

Doctor's name .....

Doctor's address .....

Doctor's telephone number .....

Please tick each of the immunisations your child has received. This will help us in the event of an outbreak.

- Diphtheria    Tetanus    Pertussis
- Measles    Mumps    Rubella
- Polio    HIB

Additional information: e.g. special diet, known health problems, allergies etc. ....

Sessions required (please tick)	Mon.	Tue	Wed	Thu	Fri.
Morning	.....	.....	.....	.....	.....
Afternoon	.....	.....	.....	.....	.....

I wish to register my child and I enclose a £30, non-returnable registration fee. I agree to the terms and conditions provided. I have signed the forms for him/her to receive emergency treatment / and to attend nursery outings /travel in minibus /and be photographed within the nursery environment(please delete as appropriate).

Signed : ..... (parent or guardian) Date: .....

Please print name: .....



**Authorisations for Nursery Children**

I authorise Hopscotch to take ..... on short unplanned visits in the minibus throughout Lanarkshire for visits to museums, parks and other attractions as appropriate. Hopscotch may also take the above named child on other outings not involving the bus. I understand that further authority will be sought for longer specially planned visits.

**Medical information**

Does your son/daughter suffer from any condition requiring medical treatment, including medication? If YES please give details.

Is your son/daughter allergic to any medication? If YES please specify.

Has your son/daughter received a tetanus injection in the last five years

Does your child have any special dietary requirements? If YES please give details

All Details - Continue over if required

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**Declaration**

I agree to my son/daughter receiving emergency medical treatment, including anaesthetics, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. **I undertake to inform Hopscotch of any changes to the above medical statement.**

Signed	Please print name
Date	Relationship to child

I may be contacted by telephone at the following numbers

Work :..... Home: .....

My home address is	
If not available, please contact	Name
Telephone	Address
Family doctor	Telephone
Name	Address



**Authorisations for club children**

I authorise Hopscotch Clubs to take ..... to and from school on the minibus, and on short unplanned visits in the minibus throughout Lanarkshire for visits to museums, parks and other attractions as appropriate. Hopscotch may also take the above named child on other outings not involving the bus. I understand that further authority will be sought for longer specially planned visits.

**Medical information**

Does your son/daughter suffer from any condition requiring medical treatment, including medication? If YES please give details.

Is your son/daughter allergic to any medication? If YES please specify.

Has your son/daughter received a tetanus injection in the last five years

Does your child have any special dietary requirements? If YES please give details

All Details - Continue over if required

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Telephone	Address
Family doctor	Telephone
Name	Address

**Sun Awareness**

Hopscotch is concerned that your child does not suffer from sunburn and skin damage while in our care. Please help us by ensuring that your child has available appropriate clothing such as long sleeved T-shirts, longer shorts and a suitable hat. On sunny days please apply sunscreen to any exposed parts. With your consent we will help your child to apply either your own sunscreen or Hopscotch's Sun cream which is Boots high factor kid's sun cream when necessary. Please complete the consent form below

Childs Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Does your child suffer from any skin conditions or have any allergies?

Yes:  No:

Please provide details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Initial Yes or No box	Yes	No
I am happy for my child to have sunscreen applied at Hopscotch		
I am happy for Hopscotch to provide sunscreen		
I will provide a bottle of sunscreen labelled with my child's name for use at Hopscotch (E.G. children with skin allergies)		

**This consent form will remain valid whilst your child is in Hopscotch's care.**

Signed: \_\_\_\_\_ Date; \_\_\_\_\_

Please print name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

We regularly take photographs of our children throughout Hopscotch, at events and on outings. These are displayed throughout our facilities

and in our photographic album, so that parents may see the wide variety of activities in which the children participate.

Individual or group photographs are also used for graduation photographs, Christmas calendars etc. Parents are also aware that professional photographers take photographs, for sale or return by them. It would be helpful if we could also use some of the photographs, particularly where the children are busy doing things, to up date our prospectus and our web page.

It is essential that we obtain your consent to take these photographs when your children attend Hopscotch and to use them for the various purposes described above. We would be grateful if you would complete this form with your preferences.

### Authorisation

I authorise Hopscotch Nursery to take photographs of my child named ..... for the following purposes.  
Please tick all the boxes which apply.

- within the nursery/club for use in displays
- on nursery outing for use within the nursery
- by professional photographers for portraits etc for my own use
- for individual photographs for graduation/calendars etc
- to use on Hopscotch Prospectus and Web Page
- to use, with my approval on Hopscotch Prospectus and Web Page
- I do not wish my child to be photographed at all.

Signed:..... Relationship to child.....

Date: .....