

B.A.S.I.C. REGISTRATION FORM



Child's Name:	
Address:	
D.O.B.	
Age of child:	
School Attending:	
Primary Class:	
Doctors Name:	
Doctors Telephone No:	
Medical details, Allergies, Medication etc:	
Does your child have any Additional Support Needs:	
How would you like B.A.S.I.C to meet those needs?	

PARENT/CARER 1

Parent/Carer Name:	
Parent/Carer Address:	
Parent/Carer home telephone No:	
Parent/Carer Mobile No:	
Email Address:	
Place of work:	
Work telephone Number:	

PARENT/CARER 2

Parent/Carer Name:	
Parent/Carer Address:	
Parent/Carer home telephone No:	
Parent/Carer Mobile No:	
Email Address:	
Place of work:	
Work telephone Number:	

EMERGENCY CONTACT 1

Name:	
Relationship:	
Home telephone Number:	
Mobile Number:	

EMERGENCY CONTACT 2

Name:	
Relationship:	
Home telephone Number:	
Mobile Number:	

Days you would like your child/children to attend B.A.S.I.C.

Monday	✓	Tuesday	✓	Wednesday	✓	Thursday	✓	Friday	✓
Am		Am		Am		Am		Am	
Pm		Pm		Pm		Pm		Pm	

Start Date:

Names of people you would like to collect your child/children from B.A.S.I.C.
Names:

Names of people you **DO NOT** wish to collect your child/children from B.A.S.I.C.
Name:

Information about your child:

Likes/ Dislikes:

Favorite Activities/Toys:

Family/Child Information:

PLEASE DETAIL IF YOUR CHILD HAS A CONNECTION WITH THE FORCES:

TRAVEL ARRANGEMENTS

It is vital that you complete this information whether or not your child is collected from school by taxi. By law we must have the information available incase we are required to make a journey by taxi, private car, or bus.

Height of Child:

My child is over 1.35M in height: **YES** **NO** (Please circle one)

I am happy for my child to travel using an adult seat belt:

I am happy for my child to travel unaccompanied in a taxi:

I am happy for my child to travel in a taxi with other children:

I wish to leave a booster seat/cushion at school for my child's travel to B.A.S.I.C.
(Please arrange with school about storage)

I wish to make alternative arrangements for travel and my child will be delivered direct to B.A.S.I.C.

PERMISSION FORM	Parent/Carer Signature
<i>I do/do not* give my consent for my child to be taken on trips and outings within the surrounding area.</i>	
<i>I do/do not* give consent for medical assistance to be sought for my child in the event of an emergency</i>	
<i>I do/do not* give consent for my child to have plasters applied if and when necessary</i>	
<i>I do/do not* give consent for my child to have face paints applied</i>	
<i>I do/do not* give permission for my child to have their hair styled/hair gel applied/nails painted</i>	
<i>I do/do not give permission for my child to have temporary tattoos applied</i>	
<i>I do/do not* give consent for my child to have photographs taken during an activity</i>	
<i>I do/do not* give consent for my child to be included in press coverage</i>	
<i>I agree to abide by all B.A.S.I.C. and Corner House Crèche policies and procedures and understand it is my responsibility to make myself aware of them</i>	
<i>I understand I am required to provide two weeks' notice to cancel any sessions</i>	
<i>I understand all monthly fees must be paid on time /any money owing must be paid prior to my child/children leaving the service</i>	
<i>I agree/do not agree to observations being taken on my child and transferred to the Learning Journals</i>	
*Delete/circle where appropriate	

Name of parent/Carer completing the Registration Form:
Print Name:
Signature:
Date:

B.A.S.I.C. is positive about equal opportunities

Date Form Reviewed:		Next Review Date:	
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IMPORTANT INFORMATION REGARDING REGISTRATION TO OUR ORGANISATION AND ONGOING PARENT/CARER RESPONSIBILITIES

By signing this application form, you will automatically become a member of our organization (B.A.S.I.C. SCIO) and as such a charity trustee.

As a charity trustee, there are certain general duties which are required under our constitution these include participating from time to time in AGM's and Board Meetings to help make decisions on how we run our business. (A full copy of the constitution detailing your duties can be obtained from our Service Manager).

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REASON FOR LEAVING SLIP
(To be completed when child leaves the services)

Leaving Date:
Reason for leaving:
Were you happy with the service you and your child/children received? Yes No
If you answered "NO" would you be willing to explain why?

