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URN: 2641268

Kaleidoscope Care Ltd
Contact Number: 07749594968

Updated September 2025
Email: Kaleidcare11@outlook.com

Registration form (Children's Health and Information record)

We need some details about your child and family. We have a legal obligation to collect and process this information in accordance with The EYFS Statutory Framework for Group and School-Based Providers (Welfare Requirements) and therefore we do not require your consent for the first section of this form. Where information to be supplied is voluntary or where we do need consent this is identified. The information provided will be kept in paper form and used for maintaining appropriate contact details and for the safety and well-being of your child.

Personal Details (Child)	
Child's name:	Known as:
Date of birth:	Gender:
Parent Information	
Contracting Parent: Do you have parental responsibility for this child? **Yes/No** *(please delete as appropriate)* If no, do you have legal contact? **Yes/No** *(please delete as appropriate)*	Parent Two: Do you have parental responsibility for this child? **Yes/No** *(please delete as appropriate)* If no, do you have legal contact? **Yes/No** *(please delete as appropriate)*
Home Address: Contact numbers:	Home Address: Contact numbers:
Name of Parent(s) of with whom the child lives:	
Email addresses: *This email address will be used to send you your weekly invoices, updated information, fee increases, holiday club information etc* ***All information you provide will be kept private and not passed to any other organisation.***	
Name of parent(s) with whom the child **<u>does not</u>** live with:	
Does this parent have parental responsibility? **Yes/No** *(please delete as appropriate)*	
Does this parent have legal contact? **Yes/No** *(please delete as appropriate)*	
Does this parent have legal access to the child? **Yes/No** *(please delete as appropriate)*	
Work information (Emergency contact information):	
Parent work address: Telephone Number:	Parent work address Telephone Number:

Emergency Contact Details

Please provide the names and contact details of a minimum of two people (other than parents/guardians) who we can contact in case of an emergency.

NOTE: It is your responsibility to ensure these people are happy for us to contact them and to hold their details.

Persons authorised to collect the child. This is any other adult who may collect your child in your absence.

Emergency Contact 1	Emergency Contact 2
Name	Name
Home telephone no	Home telephone no
Mobile telephone no	Mobile telephone no
Relationship to child	Relationship to child
Are they authorised to collect your child **Yes/No**	Are they authorised to collect your child **Yes/No**
Additional contact information	Additional contact information
Name	Name
Home telephone no	Home telephone no
Mobile telephone no	Mobile telephone no
Relationship to child	Relationship to child
Are they authorised to collect your child **Yes/No**	Are they authorised to collect your child **Yes/No**

Security Details

A password system operates in our setting. A secure password is required and should be used by emergency contacts and persons authorised to collect your child. Ideally this should be one word and something that is easily memorable. Please do not use obvious things such as middle names. The password is required from anyone collecting your child. If they do not have the password, we will not release your child to them.

My secure password is

Additional Security Information

We always have the safety and well-being of the children in mind, and we are sure that you will appreciate that persons known to you are strangers to us and we do need means of identifying those you have authorised to collect your child (either authorised or emergency contacts) when you are unable to.

We as a setting and especially your child/children key person will be familiar with you, but we do not always meet both parents. This is also true of your nominated emergency contacts and authorised persons. We therefore request that should anyone unknown to us be collecting your child that you inform us in advance and show us a photograph to enable us to identify them when they collect your child.

Health Information-	
Does your child suffer from any of the following *(please put yes to those which apply)*	
Medical Condition (For example, epilepsy, Kidney/bladder problems, diabetes, sight/hearing etc)	
Allergy (For example, food allergy, bee allergy etc)	
Other	
Name of GP: Surgery: Address: Telephone number:	

If you have ticked any of the boxes above, please complete the health care plan (If you have not received one please email kaleidcare11@outlook.com to request a form) Please discuss this further with a member of our team prior to your child's first session. If your child has an allergy, it is important we understand fully how to support your child whilst in our care. Please refer to Paediatric Allergy Action Plans - BSACI

Safeguarding Children
Does your family have a social worker for any reason?
Name Telephone number Based at
What is the reason for the involvement of Social Services with your family?
FOR OFFICE USE - NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social worker named above and keep these securely in the child's named Child Protection file.

The following information is voluntary, and you do not have to complete it. However, we have a legitimate interest in requesting this data as it will assist in providing the necessary care for your child and to allow us to monitor and assess their development.

Health Visitor	
Name	Telephone number
Based at	

The following section requires information classed as 'sensitive personal data' for which we need your consent to collect and process. We request this data as, in some cases we have a contractual obligation to do so with our Local Authority, but also as we have a legitimate interest to allow us to plan and meet your child's needs.

Ethnicity and Cultural background
How would you describe your child's ethnicity/cultural background?
What is the main religion of your family?
Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while s/he is in our setting?
What is/are the main language(s) spoken at home? If English is an additional language, will this be your child's first experience of being in an English-speaking environment? **Yes/No** *(Please delete as applicable)*
Special Educational Needs and Disabilities
Does your child have any special needs or disabilities? **Yes/No** *(Please delete as applicable)* If yes please give details below

What (if any) special support will your child require in our setting? (A Health Care Plan or Individual Plan should also be completed)	
Professionals involved with the child	
Name Agency Role Telephone no	Name Agency Role Telephone no

The following section contains information for which we need your consent. As required by data protection we have a duty to inform you that you can withdraw your consent for any of the permissions detailed below at any time. Should you wish to withdraw consent please discuss this with a member of staff in the first instance.

Permissions and Consent

Permission for the setting to act in loco parentis

If emergency treatment is required, either whilst your child is on the premises or on an outing, (for the duration of your child's time with us) and the parents or legal guardians cannot be reached immediately, your signature in the space provided below empowers the settings management to exercise their own judgement in calling the doctor/dentist indicated above or to transport the child to a hospital casualty department by ambulance. Please read and fill in the declaration below, cross out the statement/wording that does not apply, and sign and date this section.

I / We parent(s)/guardian(s) of do / do not give consent on my / our behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.

I / We do not agree to this statement and indicate our wishes as follows

Signatures of parent(s)

Date

NHS Number:

Contractual Statements	**Please confirm with a Yes or decline with a No**	**If you do not agree with any of the statements, please write a brief explanation in the boxes below**
Medication		
I hereby give permission for practitioners to administer prescribed medication, paracetamol or Ibuprofen provided by the parent/carer with consent		
I hereby give my consent for practitioners to apply a plaster to my child should the need arise		
I hereby give permission for the setting to apply Suncream to my child, of which I will provide daily		
I give my consent for the setting to apply their sun cream for children, Factor 50+ to my child if they do not have their own sun cream with them to use		

Contractual Statements	**Please confirm with a Yes or decline with a No**	If you do not agree with any of the statements, please do not tick and write a brief explanation of your reasons why
Photographs and Advertising		
I hereby give my consent for photographs of my child being taken by practitioners for displays.		
I hereby give my consent to ensure that from time-to-time photographs of my child and his/her name may be placed in the paper, relating to activities within the setting		
I hereby give my permission for my child's photo to be used on the settings advertising (this include Kaleidoscope Care prospectus, the setting website, and Facebook Page)		
I hereby give permission for the setting to continue to display photographs of my child after they have left for use of celebration		
Sharing Information		
I hereby give my permission to the Practitioners within the setting to share all relevant information about my child's day with whoever collects my child from the setting.		
I give consent for Kaleidoscope to contact my child's school and discuss my child's development.		
Outings		
I hereby give my consent for the setting to take my child on outings to the park, library etc.		
Internet access		
I hereby give permission for Kaleidoscope to allow my child access to the computer and internet facilities, with supervision from practitioners. I understand that all internet sites will be suitable for the age range of the children in the room.		
Policies		
I have been informed by a practitioner of the settings policies with regards to negative behavior. I agree to work with the setting if negative behavior occurs either from my child or towards my child.		
I acknowledge the receipt of the settings Policy Handbooks (Safeguarding, Health and Safety and Admissions)		
I have read the terms and conditions set by Kaleidoscope and agree to always follow them		

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Parent contract

Fee and absence Information

Contractual Statements	**Please confirm with a Yes or decline with a No**	If you do not agree with any of the statements, please do not tick and write a brief explanation of your reasons why
Terms and Conditions of payment		
I have read and agree to the terms of payment set out by the setting and understand that late payment of fees will be subject to a 5% charge per week		
I understand that once a ***permanent*** place is booked that charges still apply if my child is absent for any reason.		
I understand that once I have booked ***ad-hoc*** sessions that charges still apply if my child is absent for any reason.		
I understand that I can choose to pay either • At the end of each week • or monthly in advance		
I understand that there will be a possible fee increase every April in line with the Living and Minimum Wage increase		
I hereby give consent for the information above to be held on file in compliance with the Data General Data Protection Regulations 2018		

Further information regarding how we use children's images within the setting can be found in our Image Use Policy.

Our assurance to you; The information given by yourselves above will not be shared with any person outside of the setting, without your prior consent –This information is regarded as Strictly Confidential – We are registered for Data Protection

Please sign to confirm that all the information throughout this Health form and contract are correct and that you agree to all the contracting statement you have ticked

Name of person completing the form:

Relationship with the Child: **Date:**

Thank you for completing this form. You are welcome to request to see the information we hold on you and your child at any time.

If you have provided information in the previous pages regarding health, please request an Individual Health Care as this must be completed prior to your child starting.

SPECIAL NOTE: Please notify us immediately of any changes to the information provided. Please feel free to come and discuss any problems or concerns with us. If there are any other notes you would like to add, please use the space below.
I / We confirm that the information provided on this form is correct to the best of our knowledge. Signature of Parent (s)/Carer (s) Date