

**Emergency
Childcare form**

**Ofsted registration number: EY 203765**

|  |  |
| --- | --- |
| Child’s Surname |   |
| Child’s First Name |   |
| Child’s Date of Birth |   |
| Address      |   |

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| --- |
| **Please tick the days you require your placement for:** |
| Monday AM | Monday PM | Monday Full Day |
| Tuesday AM | Tuesday PM | Tuesday Full Day |
| Wednesday AM | Wednesday PM | Wednesday Full Day |
| Thursday AM | Thursday PM | Thursday Full Day |
| Friday AM | Friday PM | Friday Full Day |

|  |
| --- |
| When would you like your placement to start?   |
| Arrival Time: |   |
| Collection Time: |   |

|  |  |  |
| --- | --- | --- |
| Does your child have any medical requirements or problems we should be aware of? | Yes - please explain. | No |
| Does your child require regular medication administered whilst at Nursery? | Yes - please explain. | No |
| Does your child suffer from any allergies? If so, how is this allergy managed?  | Yes - please explain. | No |
| Does your child have any specific dietary requirements?  | Yes - please explain. | No |
| Does your child require a sleep whilst at the Nursery? | Yes - please explain. | No |
| **Has your child or member of your family self isolated due to corona virus?** |
| 1.  | Date: |   |
| 2. | Date: |   |
| 3. | Date: |   |
| **Which infectious illnesses has your child had?** |
| 1.  | Date: |   |
| 2. | Date: |   |
| 3. | Date: |   |

|  |  |  |
| --- | --- | --- |
|   | Doctor | Health Visitor |
| Name |   |   |
| Address   |   |   |
| Telephone Number |   |   |

Is there any other relevant information you feel we should know including any additional needs your child may have.

**Failure to disclose any additional information that is deemed important, could
result in us no longer being able to care for your child.**

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| To help us maintain the care of your child, we have devised a form seeking permission to use the following items. If you have previously completed this form, can I still ask that you complete it again, as it will provide us with up to date information.**Thank you** |
|   | **YES** | **NO** |
| Bandages |   |   |
| Micropore Tape |   |   |
| Plasters |   |   |
| Gauze |   |   |
| Calpol |   |   |
| Baby Wipes |   |   |
| Cotton Wool |   |   |
| Sudocream |   |   |
| Piriton |   |   |
| Nurofen |   |   |
| Vaseline |   |   |
| **Comments:** |
| **Parent’s Name:Signature:Date:** |

|  |  |
| --- | --- |
| Who has parental responsibility for this child? |   |
| Who does the child live with? |   |
| Mother’s Name |   |
| Mother’s address  |   |
| Mother’s place of work |   |
| Mother’s contact details | Home:Work:Mobile: |
| Email address (for E-invoices) |   |

|  |  |
| --- | --- |
| Father’s Name |   |
| Father’s address  |   |
| Father’s place of work |   |
| Father’s contact details | Home: Work: Mobile: |
| Email address (for E-invoices) |   |

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| **Does your child have any siblings?** |
| Sibling’s Name | Sibling’s Date of Birth |
|   |   |
|   |   |
|   |   |

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| **Ethnicity Codes** This will be shared if requested with the Local Authority. |
| 01 White British  | 11 Asian or Asian British - Other Indian |
| 02 White Irish  | 12 Asian or Asian British - Pakistani  |
| 03 Other White  | 13 Black or Black British  |
| 04 Mixed - Other Mixed | 14 Black or Black British - Africian  |
| 05 Mixed - White & Asian  | 15 Black or Black British - Caribbean  |
| 06 Mixed - White & Black African  | 16 Black or Black British - Other Black |
| 07 Mixed - White & Black Caribbean  |  17 Unknown  |
| 08 Asian or Asian British | 18 Traveller  |
| 09 Asian or Asian British - Bangladeshi | 19 Chinese  |
| 10 Asian or Asian British - Indian | 20 Any  |

|  |  |  |
| --- | --- | --- |
|   | Ethnicity Code | Main Language Spoken |
| Mother |   |   |
| Father |   |   |
| Child 1 |   |   |
| Sibling 1 |   |   |
| Sibling 2 |   |   |
| Sibling 3 |   |   |

**Is there any other relevant information you feel we should know?**

**Data Protection**

YMCA Essex will collect your data as per GDPR requirements.

We will store them securely and they will only will be accessed by authorised staff.

Please see our Data Privacy Notice & Retention Policy for further details.

We will safely and securely destroy your data as per our Data Retention Policy.

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**SECURITY**

Should somebody else need to collect your child, we will require a
password to release your child.

All staff are trained to ask for this password if they do not recognise the person collecting your child.

Thank You

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Child’s Name:

Password:

Parent’s Signature:

Date:

Sticky Paws is the operating name of YMCA Chelmsford

Thank you for taking the time to complete this registration form.

Don’t forget to download the full policies and
procedures from our website.

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**Any questions?**

Call us on **01245 355677**

Email us at **enquiries@ymcaessex.org.uk**

Website **ymcaessex.org.uk**

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**Thank you

Sticky Paws Team**



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