

Enrollment Form

Child Record forms need to be completed and signed by the Parent/Carer(s) who have Parental Responsibility for the child. You may wish to complete these alongside them to answer any questions they may have.

GDPR Requirement for completing consent forms

In order to comply with the GDPR (General Data Protection Regulation), you must make all reasonable efforts to verify that each person giving consent does, in fact, hold parental responsibility for the child. This means that you will need to check the relevant documentation that shows this. Depending on the family structure it will be one or more documents from the following list:

* Birth Certificate- biological parents/ civil partners
* Residence Order (prior to 2014) – biological father/ step parent
* Child’s Arrangement Order (since 2014) – biological father/ step parent/foster parent
* Parental Responsibility Agreement- -biological father/ same sex non civil partner
* Parental Responsibility Order – biological parent
* Adoption Certificate – adoptive parents (also known as an adoptive birth certificate)
* Parental Order – surrogate parent
* Special Guardianship Order – foster parents

There is no requirement to take copies of the documents, but it is good practice to record what evidence you have seen. As long as you have this information recorded somewhere, you don’t need to add it to every form you use that needs parental permission.

Childminding UK has produced a Parental Responsibility Evidence Form which can be used for this purpose and is included in this pack. You only need to complete this form once for each child.





Child Record Form

To be completed and signed by the parent/carer and returned to the childcare provider.

|  |  |  |
| --- | --- | --- |
| Child’s full name  |  | Named child is known by  |
|  |  |  |
| Address where child is resident  |  | Child’s date of birth  |
|  |  |  |
|  | Nationality |
|  |  |
|  | Sex |
|  |  |
| Post Code  |  | Child’s first language |
|  |  |  |
| Telephone No  |  | Religion |
|  |  |  |

Details of Parent/Carer 1

|  |  |  |
| --- | --- | --- |
| Parent/Carer’s name |  | Place of work  |
|  |  |  |
| Home address (if different from child’s residence) |  | Work address  |
|  |  |  |
|  |
|  |
|  |
|  |
| Post Code  |  | Work Telephone No |
|  |  |  |
| Home Tel No |  | Ext |
|  |  |  |
| Mobile No |  | Email address |
|  |  |  |

Details of Parent/Carer 2

|  |  |  |
| --- | --- | --- |
| Parent/Carer’s name |  | Place of work  |
|  |  |  |
| Home address (if different from child’s residence) |  | Work address  |
|  |  |  |
|  |
|  |
|  |
|  |
| Post Code  |  | Work Telephone No |
|  |  |  |
| Home Tel No |  | Ext |
|  |  |  |
| Mobile No |  | Email address |
|  |  |  |

Who has parental responsibility?

|  |  |  |
| --- | --- | --- |
| Name |  | Relationship to Child |
|  |  |  |
| Mobile No (if different from above) |  | Home Tel No (if different from above) |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Name |  | Relationship to Child |
|  |  |  |
| Mobile No (if different from above) |  | Home Tel No (if different from above) |
|  |  |  |

Legal Contact Information if applicable

Childcare provider to have a copy of any such orders.

Contact Details and Consent for collection

I/we understand that if I/we am unavailable to collect my child I/we will notify the childcare provider of the person authorised to collect them. I/we understand that if any person attempting to collect my child is not listed below and cannot produce the password given by me/us the childcare provider WILL NOT release my child without seeking my permission.

Contact 1

|  |  |  |
| --- | --- | --- |
| Name and Relation To Child: |  | Telephone Number |
|  |  |  |
| Address |  | Mobile Telephone Number |
|  |  |  |
|  | “I am happy for Little Ladybirds to contact me in an emergency concerning: (child’s name below)” |
|  | Signed:  |

Contact 2

|  |  |  |
| --- | --- | --- |
| Name and Relation To Child: |  | Telephone Number |
|  |  |  |
| Address |  | Mobile Telephone Number |
|  |  |  |
|  | “I am happy for Little Ladybirds to contact me in an emergency concerning: (child’s name below)” |
|  | Signed:  |

Contact 3

|  |  |  |
| --- | --- | --- |
| Name and Relation To Child: |  | Telephone Number |
|  |  |  |
| Address |  | Mobile Telephone Number |
|  |  |  |
|  | “I am happy for Little Ladybirds to contact me in an emergency concerning: (child’s name below)” |
|  | Signed:  |

Password to be used by the authorised people (this will confirm identification if person is not already known to the childcare provider).

|  |
| --- |
|  |

Place photographs here of persons authorised to collect your child if it is not possible for the childminder to meet them beforehand.

Details of Family Doctor and Health Visitor

|  |  |  |
| --- | --- | --- |
| Doctor’s name |  | Telephone Number |
|  |  |  |
| Doctor’s address |  | Health Visitor’s name (if applicable)  |
|  |  |  |
|  | Health Visitor’s contact details |
|  |  |
|  | Telephone Number |
|  |  |

Has your child had any of the following childhood illnesses, please tick those that are relevant.

|  |  |
| --- | --- |
| Illnesses: | Yes / No |
| Chicken Pox | **Yes / No** |
| Measles | **Yes / No** |
| Mumps | **Yes / No** |
| Hand, Foot and Mouth | **Yes / No** |
| Impetigo | **Yes / No** |
| Other (please specify) | **Yes / No** |
| Other (please specify) | **Yes / No** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ImmunisationsPlease list all immunisations that your child has received and the dates they were given.

|  |  |
| --- | --- |
| Immunisation | Date given |
| Diphtheria |  |
| HIB |  |
| Measles |  |
| Mumps |  |
| Rubella |  |
| Meningitis C |  |
| MMR |  |
| Polio |  |
| Tetanus |  |
| Whooping Cough |  |
| Other (please specify) |  |
| Other (please specify) |  |
| Other (please specify) |  |

Please list any allergies, medical conditions or special dietary needs:**Please note:** Food allergy and intolerance are medical conditions; they must have been diagnosed by a qualified medical professional or a dietitian.Does your child have any allergies or intolerances? Please specify which these are.

|  |
| --- |
|  |

Does your child have any dietary preferences?

|  |
| --- |
|  |

Has your child had any major illnesses / operations?

|  |
| --- |
|  |

Has your child been in hospital recently?

|  |
| --- |
|  |

Does your child have any on-going health problems or medical conditions we should be aware of? If yes, do childminders need any specific training to be able to accommodate these needs?

|  |
| --- |
|  |

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| --- |
|   |

Please list any special requirements i.e. about religious practices, food, clothing, health or other matters which should be observed whilst in the care of the childminder. Does your child have any other diagnosed health requirements that require additional support? Are there any other professionals involved in your child’s care? E.g speech therapist or Pediatrician? Please give details below (including their contact details)Will your child be attending another setting? If so, please provide details? |

Has your child previously attended a childcare setting? If so, please provide details.

I wish to enroll my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at Little Ladybirds childminders.
This is starting from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

By enrolling them at Little Ladybirds Childminding, I understand the following:

* That Staff track children’s learning and development in adherence with OFSTED requirements.
* Staff will raise safeguarding concerns with the Oxfordshire Safeguarding Children Board (OSCB). I understand that staff might decide to do this without my knowledge if they were sufficiently concerned about my child.
* That Little Ladybirds has a legal obligation;
- to ensure the child’s personal data is held securely and any breaches of data protection are immediately notified to authorities and dealt with accordingly.
- to keep all documentation regarding my child until my child reaches the age of 25. Once the child reaches this age, we will securely destroy all documentation containing information on said child.
- to ensure any personal data relating to my child is only shared with the relevant bodies to ensure the safe wellbeing of the child
- to ensure your child’s personal data is never shared, sold or misused in some way.
- make available to you (on request) the personal data held by, used and shared with authorities.

Parent/Carer(s) should notify the childminder of any changes to the details on this form as soon as possible.

Date:

Date:

Parent/ Carer Signature:

Parent/ Carer Signature: