



Holiday Club

Little Beans Garland
59 Garland Road
Poole, Dorset BH15 2LD
www.littlebeansdaycare.com
www.facebook.com/littlebeansgarland
OFSTED registered – EY492436 - GOOD
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Manager: emma.littlebeansgarland@outlook.com
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Registration Form Holiday Club

Your Little Bean	
Name of child	
Preferred name	
Date of birth	
Male / Female	
Parent/carer child lives with	
Person/s who have parental responsibility	
Home Address & post code	
Home telephone number	
Ethnic origin/first language	
Other languages	
Religion	
Culture/beliefs	
Parent/guardian 1	
Name	
Relationship to child	
Home address (if different to child)	
Name and address of employer	
Occupation	
Work contact number	
Mobile number	
Email	
Parent/guardian 2	
Name	
Relationship to child	
Home address (if different to child)	
Name and address of employer	
Occupation	
Work contact number	
Mobile number	
Email	
Person who will normally collect your child (if different)	
Name	
relationship to child	
Contact number	

Emergency contact details	
Password	
Names of two other persons authorised to be contacted/collect child in an emergency or if parents are unable to be contacted	
Person 1- Name	
Telephone number	
Relationship to child	
Person 2 – Name	
Telephone number	
Relationship to child	
Health and background information	
Special dietary requirements?	
Any allergies?	
Details of any medical or special needs/requirements you would like us to be aware of.	
Name and contact details of outside agencies involved in supporting your child/family.	
Any other information needed to be shared?	
Name of Infant/primary school?	

Photo permission

We would like to take pictures for our website, advertising, and marketing for Little Beans.

We would really like to use pictures of your little beans to portray a true reflection of what we are about. These would be displayed on our website and flyers and used for any marketing/advertisement and social media.

I do/ do not give permission for my child.....

To have pictures taken whilst at little Beans to be used for our website, marketing, flyers, advertisements, and social media such as our Little Beans Facebook Page.

Parent's name	
Parent's signature	
Date	

Permissions

Permission	Your initials		
I do/do not give permission for photographs to be taken of my child for displays, journals and record keeping within <i>Little Beans</i>			
I do/do not give permission for sun cream to be used on my child.			
I do/do not give permission for baby wipes to be used on my child.			
I do/do not give permission for emergency medical attention to be undertaken on my child.			
I do/do not give permission to seek medical help in the case of an emergency.			
I do/do not give permission for any emergency medical advice or treatment to be given as considered necessary by medical persons attending.			
I do/do not give permission for my child's food from home to be reheated.			
I do/do not give permission for my child to play outside on the play equipment in the garden.			
I do/do not give permission to contact your health visitor/GP if we feel it is in the best interest of your child?			
I do/do not give permission for us to contact the above settings for the best interest of your child to collect and share information on their learning and development?			
I do/do not give permission for my child to go on regular outings.			
Print Name:	Signed:	Date:	

Any comments.....

