



**HORNS DROVE**  
community childcare

# REGISTRATION SUPPLEMENTARY INFORMATION FORM

Following an offer of a place for your child, the following form should be completed (by someone with parental responsibility) to provide the supplementary information required to complete. If you'd like to register your child to attend Horns Drove, please complete the following form, and email it to [enquiries@hornsdrove.uk](mailto:enquiries@hornsdrove.uk).

Child's Details	
First name(s)	
Last name	
Date of birth	
Nationality	

Child Pick Up	
<i>Please confirm below who is authorised to pick up your child from Horns Drove. If the adult picking up your child is not familiar to staff, they may be asked to provide a password; please confirm your choice of password (for example a memorable word) below)</i>	
Parent/Guardian 1 can pick up child?	<input type="checkbox"/>
Parent/Guardian 2 can pick up child?	<input type="checkbox"/>
Password	

Additional Contacts	
<i>Please provide details of up to two additional contacts below, including their relationship to the child and whether they're authorised to pick up the child from the setting. If you would like to provide details of further contacts, please share these separate to this form.</i>	
Additional Contact 1	
First name(s)	
Last name	
Address line 1	
Address line 2	
Town/city	

County	
Post code	
Home phone number	
Mobile phone number	
Work phone number	
Email address	
Relationship to child	
Can pick up child?	<input type="checkbox"/>
<b>Additional Contact 2</b>	
First name(s)	
Last name	
Address line 1	
Address line 2	
Town/city	
County	
Post code	
Home phone number	
Mobile phone number	
Work phone number	
Email address	
Relationship to child	
Can pick up child?	<input type="checkbox"/>

Permissions	
<p><i>Where it is appropriate to do so, we will share relevant information with external agencies. We may also include a profile picture of your child on our internal software platform, Famly. Please discuss with our Childcare Manager if you have concerns with either of these.</i></p> <p><i>We will obtain explicit consent for any trips off site.</i></p> <p><i>Please confirm that you consent to the following, on behalf of your child.</i></p>	
Application of sun cream	<input type="checkbox"/>
Application of first aid	<input type="checkbox"/>
Administration of liquid paracetamol	<input type="checkbox"/>
In emergency, seek medical attention	<input type="checkbox"/>
Photographs on our social media	<input type="checkbox"/>
Photographs on our website	<input type="checkbox"/>

Medical Information	
Doctors Details	
Name	
Address line 1	
Address line 2	
Town/city	
County	
Post code	
Phone number	
Details of any Medical Conditions/Medical Plans/Vaccinations	
Details of any Allergies	
Special Dietary Considerations	
Other Information	
Details of any Festivals or Special Occasions Celebrated in your Culture	

Declaration	
I confirm that the information provided in this registration form is true the best of my knowledge and that I am authorised, as this child’s parent/guardian, to complete the registration	<input type="checkbox"/>
Full name	