

## Child Record Form

<b>Child minders Details</b>	
Name of child minder:	Elizabeth Elford
Address	16 The Downlands Warminster Wiltshire BA12 0BD
Home Telephone	07963 198552
Age of Children Cared	Birth – 5 Years
Days / Hours	Monday – Friday 8am-6pm
Price	£5.50 per hour per child
School/preschool runs	Warminster area

<b>Clients Details</b>	
Name of Child:	
Child's Date of Birth:	
Name of Parents / Carers: Parental responsibility:	
Address:	
Home Telephone:	
Mobile Telephone:	
Work Telephone:	
Emergency Telephone:	
Starting Date:	
Fee: (per hour) per child	£5.50

Food Allergies: Food Preferences: Dietary Requirements:	
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Other Allergies: Any special health requirements:	
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Person who will usually collect	
Person(s) who will occasionally collect	
<b><i>Please state what Identification will be used by these persons.</i></b>	

I am available to child mind Monday – Friday 8 am – 6 pm.

Hours			
Day	From	To	Who will collect
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Items to be brought:	
Other information:	

In the event of a medical emergency I give permission for the carer to seek medical treatment should my child require it.

Signed (Parent) : \_\_\_\_\_ Date : \_\_\_\_\_

**To be completed by the parent / carer.**

I agree that the information stated above and in the attached forms is current and correct. I agree to notify my child minder of any changes to this information. I, the parent / carer, agree to the conditions set out in this agreement and agree to provide reasonable notice period of any changes that need to be made for this agreement to remain current. I agree to share information relevant to the care of the child and to comply with all requirements of registration.

Signed (Parent) : \_\_\_\_\_ Date : \_\_\_\_\_

Signed (Carer) : \_\_\_\_\_ Date : \_\_\_\_\_

## Routine Outings Consent Form

I give permission for my child \_\_\_\_\_

to go on routine outings with the child minder (Liz Elford).

As with any activity or trip I acknowledge that there may be risks associated and fully recognise that my child will be looked after to the up most ability.

This consent is to cover local parks, children's play centres, child minding groups, toddler groups, library, and school / play groups etc.

Parents name

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Parents signature

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Date

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As and when required I **give permission for sun cream** to be applied to my child.

Parents name

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Parents signature

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Date

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## **Photographs**

In order for me to document your child's progress I will need to take photographs of the children in my care using my camera or mobile phone.

These photos will be used for a variety of purposes such as supporting observation, assessment and planning, children's records, advertising, sharing with parents and to provide a pictorial record.

I give permission for these photos to be taken of my child.

Parents name

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Parents signature

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Date

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## **GDPR Compliance consent form**

In line with current legislations, 25<sup>th</sup> May 2018, I am updating my practice, to inform you of how your data will be held and used.

At Little Elf's child minding, I will need to keep records relating to contact details including:

- The name, home address and date of birth of each child who is looked after on the premises
- The name, home address and telephone number of a parent/guardian/carer of each child who is looked after on the premises
- A daily record of the names of the children looked after on the premises and their hours of attendance
- Accidents which occur on the premises where childcare is provided
- Any medicine administered to any child who is cared for on the premises, including the date and circumstances and who administered it, including medicine which the child is permitted to self-administer, together with a record of a parent/guardian/carer's consent.
- Photographs taken of your child relating to their development.
- The name, home address and telephone number of every person living or working on the premises on which childcare is provided.

This information will be stored in paper files and electronically. Your information will be held on record, whilst I am in care of your child and for a duration of up to 3 years.

It is your responsibility to update me with any changes of information, including contact details and especially medication and allergies.

I hereby give my consent for my information/data given in this document to be stored / used as detailed in the principles listed above.

Name:

Signature:

Date: