Little Beacons Baby & Toddler Group – Registration Form

Child's Details:

Child's full name: _____

Date of birth: _____

Home address: _____

_____ Postcode: _____

Name & Class of any siblings at the school: _____

Parent/Carer Details:

Parent/Carer name: _____

Relationship to child: _____

Contact number: _____ Email address: _____

Emergency contact (if different):

Name: _____

Relationship: _____

Phone: _____

Medical / Allergy Information:

Please indicate if your child has any of the following diagnosed medical needs:

Anaphylaxis	Yes / No
Asthma	Yes / No
Epilepsy	Yes / No
Enuresis	Yes / No
Diabetes	Yes / No
Cystic Fibrosis	Yes / No

Sickle Cell	Yes / No
Hay Fever	Yes / No
Allergic to Plasters	Yes / No
Physical Disabilities	Yes / No
Other (please give details here)	

Does your child receive regular medication (including asthma pumps) of which the school should be aware? If Yes please state what they are below.	Yes / No

Regular medication required by child during school hours	

Child's dietary requirements (including food allergies with medical evidence)	

Additional Needs:

Does your child have any disability or any additional learning needs?	**Yes / No**	**If Yes, please give details here.**					
Has your child had any input from any of these services (please tick)	**Speech and Language**	**Occupational Therapy**	**Child Development Team**	**Hearing impairment service**	**Visual impairment service**	**Early Start support**	**Physiotherapy**

Session Information:

Who will usually bring your child to the group? _____

Is there anyone not authorised to collect or attend with your child? _____

Photo Permissions:

I give permission for my child's photos to be displayed in school for the academic year 2025-2026	Yes / No
I give permission for my child's photo to be used in the school printed prospectus for the academic year 2025-2026	Yes / No
I give permission for my child's image to be used on the school website for the academic year 2025-2026	Yes / No
I give permission for my child's image to be used in national and local press for the academic year 2025-2026 (with additional consent obtained)	Yes / No
I give permission for video containing my child to be used in presentation within the school for the academic year 2025-2026	Yes / No
I give permission for video containing my child to be used for professional development of teaching staff within the school for the academic year 2025-2026	Yes / No
I give permission for photos and video of my child to be stored on the school's secure server for the academic year 2025-2026 plus one year	Yes / No

Data Protection

Your information will be stored securely and only used for the purposes of running Little Beacons Toddler Group. It will not be shared with third parties. You can request its removal at any time.

Declaration

I confirm that the information provided above is accurate. I understand that I am responsible for my child at all times while attending Little Beacons Toddler Group.

Signed (Parent/Carer): _____ **Date**: _____

General Information

- The group will run every Monday during term-time 9am-10:30am for children who are 0-3 and their parent/carer.
- Parents and carers are responsible for their child/children at all times.
- Once we are at our maximum number of children, no more will be admitted.
- Please 'sign-in' every session so we know who is on the premises.
- We will be collecting a voluntary contribution of £2 per session to cover materials. Please do let us know if this is not possible.
- Buggy/pram parking will be available under-cover outdoors but all belongings are left at your own risk.
- Please be vigilant of drinking any hot drinks around the babies and toddlers. Bring a travel mug/cup if you can!
- Please help to tidy up at the end of the session.
- We are a phone-free zone.