

CRÉCHE ROOM



Activity Den - Registration Card

Please complete this card fully prior to your arrival at the Activity Den. Please feel free to visit the Activity Den to discuss your child's needs with us at any time during our opening hours. All personal data provided in this form relating to you and any named children will be processed by Center Parcs for the purposes of providing the activity. For more information about how we handle your personal data please see our full privacy policy available on our website or on request from Guest Services

Please note: We require one completed form per child.

Child's Forename: PRINT _____ Surname: PRINT _____

Age: _____ Accommodation Address: _____

Date Leaving Village: _____

Child's First Language: _____

Parent/Carer Details: PRINT NAME _____

Parent/Carer Address if different from above: _____

_____ Post Code: _____

Parent/Carer Mobile Number: _____

Emergency contact point: Please specify where you will be during the Activity Den session:

Please specify if your child has any Medical condition/ Allergies, e.g. Asthma, Eczema, Food/ Animal Allergies:

Is the child issued with an EpiPen? YES/NO

Children issued with an EpiPen must bring them to each session that they attend and the pen must be in date. For their own safety they will not be admitted if this procedure is not followed. You will be asked for further details prior to the session regarding allergies known to trigger anaphylaxis.

Vaccination Record Up to Date: YES / NO (please circle)

Staff are not permitted to administer any medication, however in the case of an emergency if we are not able to make contact with you, Medical assistance may be obtained and medication may be administered; this does not include medication for a pre-existing condition with the exception of asthma and anaphylaxis. We need your written permission to do this; please see below.

Permission for Emergency Treatment: I give permission for a member of staff to obtain urgent medical treatment for the participant named on this card. This may include life saving surgery, or emergency treatment recommended by a doctor or dentist for an acute condition or to alleviate pain.

Signature: _____ Print Name: _____ Date: _____

Relationship to child: Parent/ Guardian/ Person with parental responsibility (delete as appropriate)

Please specify any special needs, physical or learning disabilities:

The staffing ratios that apply within Crèche are as follows:

3 to 24 months	1 member of staff: 3 children
25 months to 3 years	1 member of staff: 4 children

If higher ratio of care is needed, please discuss with staff prior to the session for advice on options available. If you believe a higher care ratio might be needed, notice is required so that additional support can be sourced if available.

Nappy Changing YES/NO If Yes - do you wish nappy cream to be used? YES/NO

If Yes, Name of Cream to be used _____ NB: This will only be applied if provided.

I give consent for the above nappy cream to be applied to the child named on this registration card:

If your child will be outdoors during the session we may apply sun cream (Hypo allergenic, minimum SPF 15). I give my consent for sun cream to be applied to the child named on this registration card.

Please bring everything that your child needs for a happy and enjoyable visit and that all equipment and food is sealed and labelled with your child's name.

Please provide any other information you feel may help us to give your child a happy and enjoyable visit.

To provide a safe environment and to work within government guidelines, we may observe and record your child within our facilities. This will enable us to fulfil all children's needs.

In the event of a fire evacuation within the Activity Den, the children will be taken to the pre-determined safe location. (Please check where this is at the Activity Den booking point if you would like details).

Collection:

All children must be signed in and out of every session by a person aged 16+.

Password for collection of child: _____

Please note collecting Parents/ Carers must know the password for the child to be released from the session.

All persons collecting children must sign this card.

I confirm I have read all information on this card and that the details on this card are correct to the best of my knowledge.

Signature: _____ Print Name: _____ Date: _____
Relationship to child: Parent/ Guardian/ Person with parental responsibility (delete as appropriate)

Signature: _____ Print Name: _____ Date: _____
Relationship to child: Parent/ Guardian/ Person with parental responsibility (delete as appropriate)

Signature: _____ Print Name: _____ Date: _____
Relationship to child: Parent/ Guardian/ Person with parental responsibility (delete as appropriate)