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| Hawarden High School  **Registration for Childcare at Hawarden High School**   |  | | --- | | ***School address: Hawarden High School, The Highway, Hawarden, CH5 3DN***  ***Contact details: Tel 01244 526400***  ***Email -*** [childcarebooking@hawardenhigh.flintshire.sch.uk](mailto:childcarebooking@hawardenhigh.flintshire.sch.uk) |   **Information is recorded in line with GDPR guidelines. This form is to be used in conjunction with relevant school privacy notices. This information will be shared with lead head teachers and necessary staff at the hub school.**  **Concisely we keep records:**   * To enable us to contact parents/emergency contacts * To enable us to be aware of children’s needs, (medical, dietary etc….) ensuring we keep all children safe and enabling us to act quickly and appropriately in an emergency situation. * To keep you updated about our service |

**Data Collection Sheet**

|  |  |  |  |  |  |  |
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| **PUPIL DETAILS** | | | | | | |
| **Surname of Pupil** |  | **Legal Surname** | |  | | |
| **Forename of Pupil** |  | **Middle name** | |  | | |
| **Chosen Forename** |  | **Gender** |  | | **Date of Birth** |  |
| **Home Address of Pupil** |  | | | | | |
| **Welsh Speaking Y/N** |  | | | | | |

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| --- | --- | --- |
| **MEDICAL INFORMATION** | | |
| **Medical practice address/telephone number** | |  |
| **Medical conditions we should be aware of** | | |
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| **Allergies** | | |
|  | | |
| **Disability** | | |
| The school has a duty under the Disability Discrimination Act to collect any information on any disability your child or immediate family / carer may have. This is to ensure the school can seek to meet your individual needs. All information provided will be treated with the strictest confidence. | | |
| **Pupil disability** |  | |
| **Parent / Carer Disability** |  | |

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| **Free School Meals** | | |
|  | YES | NO |
| Will your child require canteen provision? |  |  |
| *PLEASE NOTE*  If you child is entitled to free school meals, payments will be made directly to your bank account during this period so allowances will not be credited to the canteen system. Therefore, please ensure that you either pay up front, via the School Gateway, or provide your child with food to be brought into school. | | |

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| **Key Worker Details** | | | |
| **Parent / Carer 1** |  | **Occupation** |  |
| **Parent / Carer 2** |  | **Occupation** |  |
| **Key Worker Definition** |  | | |

It is important that we hold correct parental address details and contact information in case of an emergency.

**It is your responsibility to inform the school of any changes.**

Please list details of all persons who hold parental responsibility and anyone else that you wish us to contact in an emergency.

**Place them in the order you wish them to be contacted.**

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| **1** | **Contact Information** | | **Address** | | **Contact Details** | |
| **Name (including title)** | | |  | | **Home Tel No.** |  |
|  | | |
| **Work Tel No.** |  |
| **Mobile No.** |  |
| **Relationship to Child** | | |
|  | | | **E-mail Address** | |
| **Postcode** |  |  | |
| **Parental Responsibility** | | **YES / NO** |
| **2** | **Contact Information** | | **Address** | | **Contact Details** | |
| **Name (including title)** | | |  | | **Home Tel No.** |  |
|  | | |
| **Work Tel No.** |  |
| **Mobile No.** |  |
| **Relationship to Child** | | |
|  | | | **E-mail Address** | |
| **Postcode** |  |  | |
| **Parental Responsibility** | | **YES / NO** |

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| **Travel To and From School** | | |
|  | **YES** | **NO** |
| Does your child use Local Authority Transport? |  |  |
| If yes, which bus route do they use? |  | |
| If no, how do they get to and from school? |  | |

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| * I understand that by completing and signing this registration form I agree to the childcare provision at:   *HAWARDEN HIGH SCHOOL*   * I will inform the provision of any changes in circumstances relating to the above or anything that may affect my child.   **Name of parent/carer:**  **Signature of parent/carer: Date:** |

|  |  |  |  |
| --- | --- | --- | --- |
| Hawarden High School Hub Booking Form  Please complete and return to school by Friday, 8 January 2021  Email - [**childcarebooking@hawardenhigh.flintshire.sch.uk**](mailto:hhfriends@hawardenhigh.flintshire.sch.uk) | | | |
| Name of Student |  | **Tutor Group** |  |
| Date | **Arrive Time** | **Leave Time** | |
| Monday, 22/03/2021 |  |  | |
| Tuesday, 23/03/2021 |  |  | |
| Wednesday, 24/03/2021 |  |  | |
| Thursday, 25/03/2021 |  |  | |
| Friday, 26/03/2021 |  |  | |

PLEASE BRING A FACE MASK TO SCHOOL

**If your child has their own headphones could they please bring them to school to use? Thank you.**