

# Crèche Registration

Name of Child: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Name of Parent/Helper: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Email: \_\_\_\_\_

I would like to reserve a place for my pre-school child into the 'St Martins Holiday Club Crèche' on the following days.  
**Please tick.**

<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI
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Please give details of any medical conditions or allergies.

Is there anything else we should be aware of?

**To ensure the smooth running of the Crèche and to allow children to settle please be aware of the following:**

- 1: Children will be signed in by their parent each morning.
- 2: Only 'Crèche staff' will be permitted to enter the Crèche.
- 3: Crèche children will only enter the main hall if with their 'carer'.
- 4: Children will not leave the care of the 'Crèche staff' until they have been signed out.
- 5: Parents only (no siblings) will be permitted to sign children out.  
*Please be reassured that the 'Crèche Staff' are qualified and experienced in their job. They all hold current 'DBS' certificates. If there are any problems at any time or if a child is particularly distressed the staff will make it their priority to see that you are made aware of the situation.*

**I understand and agree to comply with the above.**

Signed

Date



## Volunteer Helper

**Monday 24<sup>th</sup> July – Friday 28<sup>th</sup> July 2017**

**Monday - Thursday 10.00am to 1.00pm  
Friday 9.30am to 1.00pm**

**Concluding with a Celebration Mass**

**at  
10.00am  
on**

**Sunday 30<sup>th</sup> July 2017  
FOR EVERYONE!**

## About You

Name: \_\_\_\_\_  
Age (If under 18): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_  
Email: \_\_\_\_\_

It is essential that we have volunteer help during the week to enable the club to run.

**Please tick boxes showing the days you can help.**

<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI
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Names of Children/Siblings/Grandchildren attending the club, if any.

A Crèche is provided for pre-school children of helpers.  
Please fill in form on back page if you require this.

## Medical and Emergency Information

In case of an emergency whilst at the club, please provide the following contact details.

Name: \_\_\_\_\_  
Tel: \_\_\_\_\_

Please give details of any medical conditions or allergies.

Please circle your answer to the following questions;

Do you have a First Aid Certificate?    **YES**    **NO**

Do you have a 'DBS Clearance' Certificate?  
(It is not essential to being able to help)    **YES**    **NO**

Organisation: \_\_\_\_\_

Cert No: \_\_\_\_\_

Completed Volunteer Helper forms to be returned to  
**Kay Craigie. 54 Crosier Way, Ruislip, HA4 6HF**

The attached **Declaration Form (for over 18's only)** may also  
be returned in a sealed envelope marked

**'STRICTLY CONFIDENTIAL'**

**FAO; Judith Kaplan**

**Safeguarding Officer**

**St. Martin's Parish Office**

via Kay or directly to the Parish Office

**Any questions please contact Kay Craigie  
mobile: 07795 578400 / email: petecraigie@msn.com**