

ENROLMENT FORM/CONTRACT

The relationship between a child's parents and a setting is crucial to the child's well-being. The welfare, safety and protection of your child are at the heart of everything we do. To enable us to make the best provision for your child we are officially required to ask for information to be provided to us. Please understand that there are sound reasons why we are required to ask these questions. We want to help your child to keep safe, it is not just that we are being curious. Thank you for your co-operation.



2016/17

c/o Oatlands Infant School

Hookstone Road,

Harrogate, HG2 8BT.

Tel: 07952 871083

e-mail: oatlands@funcare.co.uk

www.funcare.co.uk

Child's Current Full Name: _____

Also Known As: _____

Any Previous Names: _____

Date of Birth: _____

Child's Current Address: _____

Postcode: _____

Home Tel: _____ **email address of bill payer:** _____

Any Previous Addresses: _____

Teacher: _____

Year: _____

Details of Parents/Carers & Emergency Contacts:

Persons with whom the child normally lives	Persons with parental responsibility (if different from previous box) or an additional emergency contact. (Delete as appropriate)	Additional Emergency Contact
Names:	Names:	Names:
Relationships:	Relationships:	Relationships:
Address: if different from above	Address:	Address:
Home Tel:	Home Tel:	Home Tel:
Work Tel:	Work Tel:	Work Tel:
Mobiles:	Mobiles:	Mobiles:

Please confirm below whom you authorise to collect your child and in addition supply a password for use in the event that an unauthorised person is required to collect your child. If you wish for an unauthorised person to collect your child we do insist that you let us know in advance and that the named person brings some form of photo id to prove their identity.

Authorised names:

_____ Password: _____

Session details:

Please tick requested place requirements:

Requested Start Date: _____

Session	Mon	Tues	Weds	Thurs	Fri
AM (7.30am-09:00am)					
PM (3.15pm-5.30pm)					
LATE PM (3.15pm-6.30pm)					

Please note that we require 4 weeks notice or fees in lieu for any changes or cancellations. Additional sessions may be booked on a casual basis, subject to availability. Holiday care will be booked separately. Fees will be charged for all booked term time sessions, regardless of attendance.

Payment Terms: Invoices will be issued and are payable in advance of attendance. Failure to pay on time will result in a late payment fee of £5 per child per week overdue, and your child's place may be withdrawn.

Additional Information:

Child's Doctor (Name, Address, Tel No.): _____

Any known allergies/illnesses and in addition please detail your child's likely symptoms and advised method of treatment:

Any additional needs/cultural or dietary requirements: _____

1st & 2nd languages: _____

Faith (if appropriate): _____

Please give details of any previous or current childcare or educational settings that your child has attended or continues to attend:

Safeguarding Children Statement: Please note that if we have any concerns about your child's development, welfare or safety, we will speak to you immediately. We are required to keep records of these concerns, and when we feel it necessary the advice of other professionals will be sought (in accordance with our Safeguarding Children Policy and Procedures). All matters will be dealt with in consultation with parents / carers and in the strictest confidence.

Please give details below of any of the following factors that may be relevant to your child:

1. Names, roles and contact details of any professionals who have contact with your child or family
2. Any relevant court orders in place including those which affect any person's access to the child (e.g.: residence order, contact order, care order, injunction etc.) Is there any information from these orders that our setting needs to be aware of which will help us to care for your child?
3. Any child protection plan which your child is subject to?
4. Any other factors which may impact on the safety and welfare of the child?

Please continue over the page if necessary

Please delete any permissions not acceptable to you:

- 1) First Aid: We occasionally have to administer first aid to the children, please delete any preparations you do not wish us to use on your child: Sun Cream (min, factor 25)/Antiseptic Wipes/Micropore Tape/Plasters/Cold Compresses.
- 2) Emergency Medical Permission: I confirm that in case of emergency, club staff may involve Emergency Services i.e. Ambulance, A & E Department. (We will always contact you first, but should we have trouble contacting you, this would allow us to start treatment immediately).
- 3) Photographs: I confirm that photos may be taken of my child, for the sole use of the club or school. All photos will remain on club premises for use by the club or the school and will not be published without further consent from myself.
- 4) Outings & Excursions: I confirm that my child may participate in Outings & Excursions by transport or on foot on an on-going basis.
- 5) Information Policy: I agree that the above information may be held electronically for the sole use of the club administration and that I will keep the club informed of our most up-to-date information at all times.
- 6) Sharing Information with other Professionals: I give permission for the club to seek or share any relevant information pertaining to the child with any other previous or current setting (e.g.: developmental progress, evidence of any orders, changes of name, records or financial information).

I confirm that the above information is correct and that I have received and read the brochure/prospectus and the illness policy, and that I agree to comply with the terms and conditions set out therein.

Signed: _____ (Parent/Carer) Date: _____

By signing this form you agree that you are the person responsible for paying the invoices for the sessions you have booked. If you have a shared agreement with another, then please let us know so that we can ask them to fill in a separate form for the sessions they are responsible for. Please be aware that should either person occur arrears the child/rens place will at risk.

Signed: _____ (for Oatlands Funclub) Date: _____

For office use only:

Copy sent to reception parents:

Keyworker letter sent to parents (R)

All about booklet returned

Input details onto Parenta

Apply Sibling Discount 10%

Set Term Time Only

Registration Card (I)

Enrolment - Copy for WB (J)

Medication required on site?

Allergy or Medical information to follow up

Missing information ?
