



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.

Child's Full Name:	
Also known as:	
Any previous names:	
Date of Birth:	
Child's Address (inc postcode):	
Home & Mobile Telephone Numbers:	
E-Mail of Bill Payer:	

Details of Parents/Carers & Emergency Contacts:

Name(s) of person(s) the child normally lives (with parental responsibility)	Relationship(s)	Home Telephone No.	Work Telephone No.(s)	Mobile Telephone Number(s)

Additional Emergency Contact(s) Name	Relationship	Address	Telephone Numbers	

Please confirm below whom you authorise 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 Name	Relationship to Child

SESSION DETAILS

Requested Start Date: _____

Please tick requested place requirements:

Session	Monday	Tuesday	Wednesday	Thursday	Friday
Cornflake Club (7:45-8:50am)					
OOHA Club (3:10-6:00pm)					

Please note:

- 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. Additional sessions are paid for at time of booking. 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to pay on time will result in a late payment fee of £5 per child per week overdue, and your child's place may be withdrawn.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 & Telephone No.	
Any known allergies/illnesses*	
Any additional needs/cultural or dietary requirements	
Any additional SEND needs e.g. speech and language, behavioural needs, learning needs	

**If medication is required ie inhalers/epi pen/piriton etc this must be available at OOHA Club at all times the child attends, and an additional care plan must be completed. Please see the Manager for further info.*

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 and these concerns may be shared with the Designated Safeguarding Staff in School. Schools are required to keep records of these concerns, and if necessary seek the advice of other professionals (in accordance with School's Safeguarding Children Policy and Procedures). All matters will be dealt with in consultation with parents / carers and in the strictest confidence.

First Aid: we occasionally have to administer first aid to children, please CIRCLE any preparations you DO NOT wish us to use on your child:

Sun cream (min factor 25) Antiseptic Wipes Micropore Tape Plasters Cold Compress

Sign to confirm

Photographs: Occasionally we may take photographs of children at the Club for use in School publications/website.

Please indicate if you are happy for your child to be photographed.

YES/NO

I confirm that the above information is correct and that I have read fully this form and information leaflet. I understand that a full set of OOHA Club policies and procedures are available at any time for me to refer to and I agree to comply with the terms and conditions set out therein.

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

Signed: _____ (for OOHA Club) **Date:** _____

For office use only: Copy sent to parents []