

ENROLMENT FORM

Child's name _____ Male/Female Parents' Names _____

Address _____

Home Telephone Number _____ Child's Date of Birth _____ Age: _____

Ethnic Origin _____ Religion _____

Child's School Address _____

Child's Class _____

Mother's Place of Work _____

Mother's Work Telephone Number _____ Mobile: _____

Father's Place of Work _____ Mobile: _____

Father's Telephone Number _____

Emergency Contact One-Name/relationship/tel no _____

Emergency Contact Two-Name/relationship/tel no _____

Do you want to receive your invoices by email? Yes/No if yes:

Email Address for receiving invoices _____

Doctor's Name _____ Surgery Name _____

Surgery Address _____ Surgery Tel. No. _____

Injections/Immunisations (please tick)

MMR H.I.B. Whooping Cough Polio Tetanus (if yes, date of last injection)

Health/Special Care Needs (Medication/Health Problems) _____

Any special dietary needs _____

Allergies _____

Special Cultural Needs _____

We need to know your child's weight and height to ensure he/she is in the correct car seat:

Weight (kg) _____ Height (cm) _____

We will be unable to care for your child if he/she is unwell. However, if your child becomes ill whilst in our care we need to be able to contact you or another designated person easily and someone must be able to collect sick child within 20 minutes of phone call. Whilst waiting for collection your child will be isolated in the office area to avoid infections spreading. Do you give permission for:

Cool and Soothe Sheets Yes/No

To take the child to the doctor or local hospital in an emergency Yes/No

To transport a sick child in a suitably insured motor vehicle Yes/No

I do/do not give permission for my child/ren's photos to be taken and used at The Club and on our website Yes/No

Parent's/Guardian's Signature _____ Dated _____

Afterschool Care to start on:

From End of School to _____pm (we are open until 6.30 pm)

Days Monday Tuesday Wednesday Thursday Friday (please delete as appropriate)

Fees (amount in brackets are for more than 1 child from the same family)

After school care

£5.75 (5.23) Until 4.30

£7.90 (£7.19) until 5.30 pm £9.45 (£8.60) until 6pm £11.00 (£10.01) until 6.30pm

Fees will be reviewed periodically

Cancellation – 7 days notice – if you give less than 7 days notice you will be charged in full

Charges Made for Absences due to child's sickness = ½ rate

Notice of Termination: 4 weeks in writing

If children are not collected by 6.30 pm they will be taken to 160 Highfield Way, Rickmansworth (Tel 01923 773938). A charge of £15.00 per 15 minutes per child will be made and we reserve the right to cancel any further bookings without notice.

Accidents:

We will enter any accidents which happen to your child in an Accident Book which we will show to you and ask you to sign to acknowledge that this information has been given to you.

We will also record any obvious injuries (i.e. bruises, cuts) which your child has when we pick him/her up from school - again we will ask you to sign to acknowledge this information.

Any Additional Comments:

Parent's/Guardian's Signature _____ Date _____

In order to help your child/ren settle in quickly we would be grateful if you could sit down with your child and write down what your child likes, dislikes, what makes them sad, happy, what they like to play with and anything else you think might help us. We will be doing observations on your child/ren and a copy will be given to you. This is done to make sure your child/ren is settling in and is happy with us.