

Office use:

dates : reply: P+Ps out/in CP; start:
Deposit: Payment method: chq/ca/BACS/vouchers
Payment Frequency:
1st Invoice raised/sent
Year Round/ Term only/ Term & some hols/ hols only



**Out of School Club
& Kindergarten**

| Day | Breakfast Club 7.45am-9.10am includes walking youngest children to class | After school club, please state time needed till eg 5pm, 5.20pm | Holiday Club, 8-9am | Holiday Club 9am-1.30pm | Holiday Club 1.30-6pm |
|-----------|---|---|-------------------------------|---------------------------------------|-------------------------------------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |

Registration Details to be completed by parent/guardian:

please complete as fully as possible.

Name of child:

Name child likes to be known by:

Child's Date Of Birth:

Male/ Female

Address Of Child

Name of Parents/guardians:

E-mail:

Address if different to above:

Telephone number: (to phone you during your child's time with us)

Work:-

Home:-

Mobile:-

Other number to contact you (if applicable):

Secret Number or name for us to confirm your identity over the phone.....

Would you prefer e-mailed correspondence for invoice's and newsletters?

Emergency contacts: (for use when parent/guardian cannot be contacted)

1. Name:

Address:

Phone:

2.Name.

Tel.

Address:

Security password:

(This is for a time when you can not collect your child and someone else collects at short notice)

Doctors Name:
Doctors Surgery:
Address:

Tel:

Immunisations:
Has your child been immunised against ?....(please put dates if known)

Diphtheria.....Whooping Cough.....Tetanus.....Polio.....Measles.....Mumps....Rubella.....
(please tick or date when had if known)

Does your child have any extra needs? (We want to ensure we provide the best support for your child. Please use the space below to let us know any additional needs your child may have, and any agencies who provide help and support)

Is your child attending any other childcare provider?

Name:
Number:
Address:

Your child will be collected from their class if in Kindergarten or class 1,2 or 3. Class name?
(Classes 4,5 and 6 will meet at the club room)

Does your child have any:
-Allergies?
-Special Dietary Needs?

Does your child have any specific Medical needs, medicines or inhalers they will need to use whilst at The Exwick Ark? Yes/No
Please give details:

Has a medication form been filled in? Yes / No
If not please ask for a medication form to be completed at the Home Visit.

Name of medication:
Dose and frequency:
Do you give permission for a leader to administer the medication?
(A long term medication form needs to be completed)

Does your child have any specific fears we should be aware of?
If yes please give details.

Are there any incidents in your child's life you think we should be aware of?
Yes/no
If yes please give details over leaf.

Can a qualified First Aider administer first aid to your child if the need arises? Yes/no

Can we seek any necessary emergency advice or treatment for your child whilst in our care? Yes/no

If your child has a minor accident may we use adhesive dressings/ plasters? Yes/no

Is there any thing you would like us to know about your religious or cultural practices?

Is there any thing else you would like us to know?

If your child is unable to change wet clothes or apply sun cream do you give permission for us to help with this? Yes/No

(please supply your own sun cream in a labelled container if you do not wish to use our supply)

I give permission for The Ark at Steiner Academy Exeter to:(Please tick)

- Display photos of your child within the setting and in record keeping?*
- Publish photos of your child in our prospectus and parent handbook?*
- Use photos of your child on our website?*
- Photograph your child for local newspaper articles?*
- Use photos in staff training records (see below)?*

All our staff attend regular training and from time to time Educational assessors visit the setting to monitor progress in this. As part of the evidence used by staff undergoing training photographs are used of children taking part in activities. These photos are used in their student portfolios. Only a child's initials are used.

From time to time we find it valuable to take groups of children out into the area surrounding the Steiner Academy Exeter. This may include going into a park or to the local shop for an educational activity. These trips will always be well supervised and a thorough risk assessment will be completed in advance. Are you happy for your child to take part in planned activities in the local area? Yes/No

We will continue to ask for a separate consent form when visits are further a field or require using transport.

Children who have an infection and who are still infectious are asked to not be brought to The Ark at Steiner Academy (The Ark at SAE). Please wait until your child is fully recovered/ no longer infectious before they return. Eg Vomitting and Diarrhea needs to be a 48 hour period of exclusion from after the sickness/ diarrhea stops. This is in your child's interest and those of other children and should prevent to infection being passed round.

I have read and understood the above. This form is completed truthfully, to the best of my knowledge. If there are any changes to the details in this form I will inform the Ark at SAE in writing where at all possible in order for their records to be kept up to date. I understand that this information will be kept by the Ark at SAE during my child's time there. The records will be used to help the staff plan the best care and education activities for my child.

Date to start at The Ark at Steiner Academy Out of school club(please specify date if known)

Signed by Parent/Guardian:

Name:

Date: