

# ENROLMENT FORM/CONTRACT



2018/19

c/o Oatlands Infant School

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Postcode: \_\_\_\_\_

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 Current Full Name:** \_\_\_\_\_

**Also Known As:** \_\_\_\_\_

**Any Previous Names:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Child's Current Address:** \_\_\_\_\_

**Home Tel:** \_\_\_\_\_ **e-mail address (for correspondence):** \_\_\_\_\_

**Any Previous Addresses:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

\_\_\_\_\_ **Year:** \_\_\_\_\_

**Details of Parents/Carers & Emergency Contacts:**

Main contact/Person with parental responsibility	Person with parental responsibility or an additional emergency contact. (Delete as appropriate)	Additional Emergency Contact
<b>Names:</b>	<b>Names:</b>	<b>Names:</b>
<b>Relationships:</b>	<b>Relationships:</b>	<b>Relationships:</b>
<b>Address: if different from above</b>	<b>Address:</b>	<b>Address:</b>
<b>Home Tel:</b>	<b>Home Tel:</b>	<b>Home Tel:</b>
<b>Work Tel:</b>	<b>Work Tel:</b>	<b>Work Tel:</b>
<b>Mobiles:</b>	<b>Mobiles:</b>	<b>Mobiles:</b>

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.

I understand that it is my responsibility to have obtained consent from all emergency contacts to supply their personal information.

**Agree**

**Authorised names:** \_\_\_\_\_

**Password:** \_\_\_\_\_

**Session details:**

Please tick requested place requirements:

Requested Start Date: \_\_\_\_\_

Session	Mon	Tues	Weds	Thurs	Fri
AM (7.30am-08.55am)					
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 via email 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.

Bill payer name/s: \_\_\_\_\_

Bill payer email (for invoices): \_\_\_\_\_

**Additional Information:**

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

Any known allergies/illnesses.

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

Any additional needs/cultural or dietary requirements: \_\_\_\_\_

1<sup>st</sup> & 2<sup>nd</sup> languages: \_\_\_\_\_

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 tick each statement to agree or highlight any permissions not acceptable to you and bring these to the managers attention for further information:**

- 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 30)/Antiseptic Wipes/Micropore Tape/Plasters/Cold Compresses. **AGREE**
  
- 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 aim to contact you first, but should we have trouble contacting you, this would allow us to start treatment immediately). **AGREE**
  
- 3) Photographs: I confirm that photos may be taken of my child. Photos will only be used for Funclub displays onsite and on Family where other Funclub parents may view. Photos will not be publically published without further consent. **AGREE**
  
- 4) Outings & Excursions: I confirm that my child may participate in Outings & Excursions by transport or on foot on an on-going basis. **AGREE**
  
- 5) Data Protection: I give permission for the Funclub to store my information electronically and/or on paper for up to 21 years for the sole use of the club administration & the club legal requirements. I will keep the club informed of our most up-to-date information at all times. **AGREE**
  
- 6) Sharing Information with other Professionals: I give permission for the club to seek or share any relevant information pertaining to the care of the child with other professionals involved with the child and/or family. **AGREE**

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 Funclub policies and procedures are available at anytime for me to refer to and I agree to comply with the terms and conditions set out therein.

Signed: \_\_\_\_\_ (Parent/Carer)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Carer)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (for Funclub)

Date: \_\_\_\_\_

RE: GENERAL DATA PROTECTION REGULATIONS 2018

We are required by law to keep certain information regarding you and your child for statutory and for business purposes. We will not keep any more information than necessary. This information is kept securely on our premises in locked cabinets and only accessed by the Management Team key holders. We will only use your (including your child's) personal information to provide a childcare service to you.

We keep your information so you can receive important updates, invoices, information regarding your child and Funclub by email and Family. We will keep your information secure and will not share it except if required by law to do so. We will not retain information any longer than the legally required timescales. (For more information please contact your manager).

By signing this form you understand the need for us to continue holding and processing your data, and to us sending you information. Should you wish to view your child's file, please see our Access in Information Policy and Confidentiality & Data Protection Policy.

**Signed** .....

**Name**.....

**Child's name** .....

**Date** .....