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 Current Full Name:		c/o Rossett Acre School		
		11 Pannal Ash Road,		
Also Known As:		Harrogate, HG2 9PH.		
Any Previous Names:		Tel: 07882 297737 Managed by: Funclubs Ltd Co reg:8823396 email: rossettacre@funcare.co.uk		
Date of Birth:	· · · · · · · · · · · · · · · · · · ·			
Child's Current Address:				
		_Postcode:		
Home Tel:	_e-mail address:			
Any Previous Addresses:		Teacher:		
		Year:		
Details of Parents/Carers & Em	nergency Contacts:			
Persons with whom the child normally lives	Persons with parental responsibility (if different from previous box) or an additional emergency contact.	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:		
event that an unauthorised person is	norise to collect your child and in addi s required to collect your child. If you you let us know in advance and that th	wish for an unauthorised person to		
Authorised numes.		Password:		

ossett Acre

2017/18

Session details:

Please	tick	requested	place	requirements:
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Requested Start Date:	
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Session	Mon	Tues	Weds	Thurs	Fri
AM (7.30am-09:00am)					
PM (3.30pm-5.30pm)					
LATE PM (3.30pm-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to pay on time will result in a late payment fee of £5 per child per week overdue, and your child's place may be withdrawn.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.
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 st & 2 nd languages:
Faith (if appropriate):
Tarrif (i) 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 1. Names, roles and contact details of any professionals w	•	
2. Any relevant court orders in place including those which	·	·
order, contact order, care order, injunction etc) Is the	re any information from these orders t	hat 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	93	
4. Any other factors which may impact on the safety and	d welfare of the child?	
Please continue over the page if necessary		
Please delete any permissions not acceptable to y	you:	
1) First Aid: We occasionally have to administer first aid us to use on your child: Sun Cream (min. factor 25)/Antis		•
2) Emergency Medical Permission: I confirm that in case Ambulance, A & E Department. (We will always contact y allow us to start treatment immediately).		• •
3) Photographs: I confirm that photos may be taken of n premises for use by the club or the school and will not be	•	•
4) Outings & Excursions: I confirm that my child may pargoing basis.	rticipate in Outings & Excursions by tr	ansport or on foot on an on-
5) Information Policy: I agree that the above informatio administration and that I will keep the club informed of	•	
6) Sharing Information with other Professionals: I give pertaining to the child with any other previous or curren changes of name, records or financial information).		•
I confirm that the above information is correctleaflet. I understand that a full set of Funclub to refer to and I agree to comply wi	policies and procedures are avai	lable at anytime for me
Signed:	_(Parent/Carer)	Date:
Signed:	_(for Rossett Acre Funclub)	Date:
For office use only:		

for office use only:

Copy sent to parents:

 $Further\ allergy\ information\ requested:$