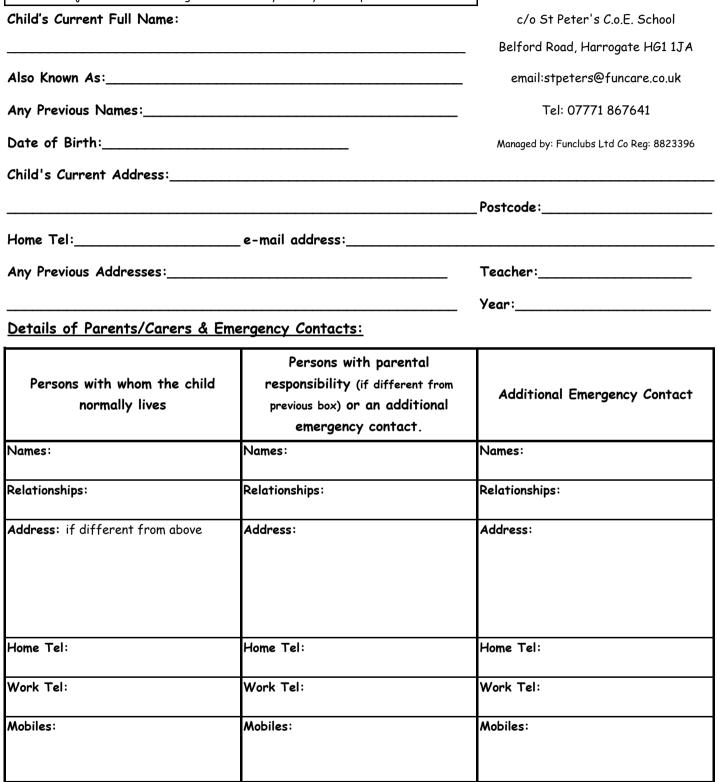
ENROLMENT FORM/CONTRACT

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.



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.

Password:____

Authorised names:

Session details:

Additional Information:

Please tick requested place requirements:

Requested	Start	Date:	
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Session	Mon	Tues	Weds	Thurs	Fri
AM (7.30am-08.45am)					
PM (3.15pm-5.00pm)					
LATE PM (3.15pm-6.00pm)					

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 for booked sessions (as above) which will be paid in advance of attendance. Additional sessions will be 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to pay on time will result in a late payment fee of £5 per child per week overdue, and your child's place may be withdrawn.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, Tel No.):
Any known allergies/illnesses.
$If \ medication \ is \ required \ ie \ inhalers/epi \ pens/piriton \ etc \ this \ must \ be \ available \ at \ Funclub \ at \ all \ times \ the \ child$
attends and an addition 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):

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	factors that may be relevant to y	our child:			
1. Names, roles and contact details of any professionals w	vho have contact with your child or fam	ily			
2.Any relevant court orders in place including those which	ch affect any person's access to the ch	ild (e.g.: residence			
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					
4. Any other factors which may impact on the safety and					
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 to the children, please delete any preparations you do not wish us to use on your child: Sun Cream (min. factor 25)/Antiseptic Wipes/Micropore Tape/Plasters/Cold Compresses.					
2) Emergency Medical Permission: I confirm that in case Ambulance, A & E Department. (We will always contact allow us to start treatment immediately).		• •			
3) Photographs: I confirm that photos may be taken of r premises for use by the club or the school and will not b	•	•			
4) Outings & Excursions: I confirm that my child may pagoing basis.	rticipate in Outings & Excursions by tr	ansport or on foot on an on-			
5) Information Policy: I agree that the above information 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 w	policies and procudures are avail	lable at anytime for me			
Signed:	_(Parent/Carer)	Date:			
Signed:	_(for St Peter's Funclub)	Date:			
For office use only:					
Copy sent to parents:					
Further alleray information requested:					