

Fabulous Foundation Holiday Club Form

Child's Details

	Surname	First name	M/F	Date of birth
1 st Child				
2 nd Child				
3 rd Child				
4 th Child				

Special Education Needs (please tick)

No special educational need

Early Years Action

Early Years Action Plus

Statement

Dietary Needs/Allergies

Does your child have any dietary needs YES/NO

Does your child have any allergies? YES/NO

If yes please provide details

Additional Information

Is there any additional information regarding your child's care that you would like to share?

Medical Needs

Does your child suffer from any medical conditions?
YES/NO

Does your child require any medication YES/NO

If yes to either of the above please provide details

Language

What is your child's first language? _____

Does your child speak any additional languages?

Any other information

Session Information

	Monday	Tuesday	Wednesday	Thursday	Friday
START					
END					

Total cost for the week _____ PAID

I understand that the above are my contracted hours for my child's place at Millfields Fabulous Foundation Holiday Club. I agree to not leave my child before their start time and will collect him or her by the end of their session.

I understand that should I not collect my child on time I will be charged a late fee of £2.00 for every 5 minutes.

Signature of Parent/Carer _____

Contact Information

Parent/Carer	<u>Name:</u> <u>Address:</u> <u>Telephone Numbers:</u> Home: _____ Work: _____ Mobile: _____ Email: _____ Is this the child's main residence?	Order to be contacted in an emergency
Parent/Carer	<u>Name:</u> <u>Address:</u> <u>Telephone Numbers:</u> Home: _____ Work: _____ Mobile: _____ Email: _____ Is this the child's main residence?	Order to be contacted in an emergency
Other authorized adult.	<u>Name:</u> <u>Address:</u> <u>Telephone Numbers:</u> Home: _____ Work: _____ Mobile: _____ Email: _____ Is this the child's main residence?	Order to be contacted in an emergency

Permissions

Photographs

Millfields is a busy and developing centre. We are always looking for ways to evidence the good work we do. This means that from time to time staff will take photos of the children at play.

I understand that pictures (individual and group) will be taken and used by Millfields Children's Centre for educational purposes and outside advertising.

I do/do not give permission for my child to be photographed _____
(Parent/carer signature)

Trips

I do/do not give permission for my child to take part in the visits and trips during their time at Fabulous Foundation Holiday Club. I understand that my child will travel by bus, train and by foot.

_____ (Parent/Carer signature)

Hospital Treatment.

I do/do not give permission to my child receiving hospital treatment if the centre staff decide this is necessary as stated in the Centre's Health Policy _____

(Parent/Carer signature)

Suncream

All suncream provided by the centre will be at least SPF 25.

I do/do not give permission for the centre to apply suncream to my children during sunny weather _____ (Parents/Carer signature).

Information Sharing

I do/do not agree for the information on this form to be shared with The Learning Trust as part of the children's centre monitoring procedure _____

(Parents/Carer signature)

Password

As a security measure we ask parents/carers for a password that can be used by any other adult to enable them to collect your child from the centre. If another adult is coming to collect your child please let centre staff know when you drop your child off in the morning. In cases where you do not know in the morning that another adult is collecting your child you must telephone us to let us know as soon as possible. If another adult collecting your child does not know the password they will NOT be able to leave with your child.

The password for my child is _____

_____ (Parents/Carer signature)

Hackney Children's Centre Registration form completed

Staff signed _____ Date _____