

**Little Treasures Holiday Club**

**School Aged children from 4 - 14 years**

Please complete accurately in BLOCK CAPITALS, Thank you

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name known as: \_\_\_\_\_ Gender (Male or Female): \_\_\_\_\_

Child's Full Address: \_\_\_\_\_

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

Full name of Parent(s)/Carer(s) whom the child lives with:

**Mr, Mrs, Miss, Ms, Other** \_\_\_\_\_ **Does this person have parental responsibility? Y/N**

Home Phone No. \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

**Mr, Mrs, Miss, Ms, Other** \_\_\_\_\_ **Does this person have parental responsibility? Y/N**

Home Phone No. \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Please provide an email address for correspondents \_\_\_\_\_

Full name of Parent(s) whom the child doesn't live with (**if applicable**): \_\_\_\_\_

Does this person have legal access to the child? Yes/No  
person have parental responsibility? Yes/No

Does this

Address: \_\_\_\_\_

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

Home Phone No. \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

**Emergency Contact Details** *In order to adequately safeguard your child/children we require the names and details of additional emergency contacts which will be stored and used if we cannot contact the main carers. It is your responsibility to ensure that these contacts are made aware of the arrangements.*

We require at least **two alternative relatives or friends**

1) Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Is this person authorised to collect your child? Yes / No (They must be over 16years old)

2) Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Is this person authorised to collect your child? Yes / No (They must be over 16years old)

3) Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Is this person authorised to collect your child? Yes / No (They must be over 16years old)

**Collection Password:** \_\_\_\_\_ ***(To be given to any person authorised to collect)***

**Personal details of Child**

Does your child have any special dietary needs? Yes / No

If yes please give details \_\_\_\_\_

\_\_\_\_\_

Is there any foods or drinks you would prefer your child not to have? Yes / No

If yes please give details \_\_\_\_\_

\_\_\_\_\_

Does your child suffer from any allergies? Yes / No

If yes please give details \_\_\_\_\_

\_\_\_\_\_

Is your child on regular medication? Yes / No

If yes please give details \_\_\_\_\_

\_\_\_\_\_

What is your child's Ethnic background?

White British \_\_\_\_ White Irish \_\_\_\_ Traveller of Irish Heritage \_\_\_\_ Gypsy / Roma \_\_\_\_

White Eastern European \_\_\_\_ White Western European \_\_\_\_ Any other white background \_\_\_\_

White and Black Caribbean \_\_\_\_ White and Black African \_\_\_\_ White and Asian \_\_\_\_

Any other mixed background \_\_\_\_

Indian \_\_\_\_ Pakistani \_\_\_\_ Bangladeshi \_\_\_\_ Any other Asian background \_\_\_\_

Black Caribbean \_\_\_\_ Black African \_\_\_\_ Any other Black Background \_\_\_\_

Chinese \_\_\_\_ Any other Ethnic background (please state) \_\_\_\_\_

What is your child's Nationality? \_\_\_\_\_

What is the main language spoken at home? \_\_\_\_\_

Does your child have any special needs or disabilities? Yes / No

If yes please give details \_\_\_\_\_

\_\_\_\_\_

Do you or your partner have any special needs or disabilities? Yes / No

If yes please give details \_\_\_\_\_

\_\_\_\_\_

**Details of Health Professionals**

Doctor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Any other Professionals**

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*School Attending:* \_\_\_\_\_

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Any other information:

Please return the completed form along with a photo and a £20 non returnable registration fee to reserve a space.

**To Be Completed at Induction Session with a Member of Staff**

**I give Permission for this information to be stored:**

If your child became unwell during the day are we able to administer Calpol/Nurofen if needed? (We would always attempt to contact parents first)

Please sign to give permission: \_\_\_\_\_ Date: \_\_\_\_\_

**Are we able to apply sun cream to your child whilst in our care.**

Please sign to give permission: \_\_\_\_\_ Date: \_\_\_\_\_

**Are we able to take your child out on local spontaneous trips to the shops, park or library.**

Please sign to give permission: \_\_\_\_\_ Date: \_\_\_\_\_

**For us to administer first aid or seek medical advice and treatment in the event of an accident or emergency.**

Please sign to give permission: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Agreement**

**All bookings MUST be on a completed booking form with 50% deposit to secure a space.  
All internet bookings will be provisionally held for 3 working days until deposit is received, if we have not received a deposit the booking will be cancelled.  
Trips could incur an additional charge.  
All outstanding balances are due on your child's first day.  
If payments are not received, without any communication, late fees could incur.  
All cancellations need ONE WEEK minimum notice, a 10% surcharge will be payable.  
Change of hours /days require ONE WEEK notice subject to availability.**

Our preferred method of payment is Direct Debit or Bank Transfer.  
Cheques are made payable to Little Treasures.

**Please note if the centre is closed or closes early due to Extreme weather conditions fees will still be payable.**

**Please sign to agree to the payment terms: \_\_\_\_\_ Date: \_\_\_\_\_**

All invoices will be emailed unless other arrangements with the management have been made.

**Email Address for Invoice to be sent: \_\_\_\_\_ (please write clearly)**

**Security Password for account: \_\_\_\_\_**

Office Use Only: Reg Fee Paid \_\_\_ Discount Applied \_\_\_ Consent given for emergency contact \_\_\_

Applied to: Email \_\_\_ First Steps \_\_\_ Text Messaging Services \_\_\_

# General Data Protection Regulations

Due to the *General Data Protection Regulations (GDPR)* coming into force from 25<sup>th</sup> May 2018 we are asking you to sign this permission form for the following:

1. I give permission for Little Treasures to keep my child/children's documents within the nursery and to only share details with staff and external professionals for example Ofsted, Child protection agencies, medical professionals and any other outside agencies.
2. I give permission for Little Treasures to store my child/children details as given on the Registration form for First Steps Data base, Tapestry, text messaging service and email address for invoices in line with our privacy notice.
3. I give my permission for my bank details to be stored and used for invoices.
4. I give permission for my child/children's photo to be displayed with their first name attached to it within the nursery. We use this information to help the children recognise their name, show when their birthday are, key worker groups and other various teaching activities.

Please sign to say that you have read and given permission for Little Treasures to store and use your child/children's and your personal information in line with the new *General Data Protection Regulation (GDPR)*.

Full name: \_\_\_\_\_

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