

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: _____

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**

Mobile: _____ Work: _____ Email: _____

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

Mobile: _____ Work: _____ Email: _____

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

Does this person have parental responsibility? Yes/No

Address: _____

Postcode: _____

Mobile: _____ Work: _____ Email: _____

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 that we hold their data on file and made aware of the arrangement of being an emergency contact.*

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

1) Full Name: _____ Relationship to Child: _____

1st Contact Number: _____ 2nd Contact Number: _____

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

2) Full Name: _____ Relationship to Child: _____

1st Contact Number: _____ 2nd Contact Number: _____

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

3) Full Name: _____ Relationship to Child: _____

1st Contact Number: _____ 2nd Contact Number: _____

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: _____

Any other information:

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.

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

Our preferred method of payment is Direct Debit or Bank Transfer.

Please sign to agree to the payment terms: _____ Date: _____

All invoices will be emailed and sent through the Family app.

Email Address for Invoice to be sent: _____ (please write clearly)

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

Office Use Only: Reg Fee Paid ___ Discount Applied ___ Applied to: Email ___ Family ___

General Data Protection Regulations

Due to the General Data Protection Regulations (GDPR) 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 Family Data base, Tapestry 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: _____