

WESTGATE WONDERS

Date of Commencement: _____ Days needed: BC M / T / W / Th / F ASC M / T / W / Th / F (please circle)

Child's Details

H/C M / T / W / Th / F

Surname _____	First Name/s: _____
Preferred Name: _____	Date of Birth: _____
Residential Address: _____	
_____ Gender (please circle): <i>Male</i> / <i>Female</i>	
Which parent/carer does the child normally live with? _____	

Parent/Guardian Details/Emergency Contact

First Parent/Guardian Details...

Full Name: _____	Home Phone: _____
Address: _____	
Work Phone: _____	Mobile Phone: _____
Work Name and Address: _____	

Second Parent/Guardian Details...

Does this parent have responsibility (legal contact)

Full Name: _____	Home Phone: _____
Address: _____	
Work Phone: _____	Mobile Phone: _____
Work Name and Address: _____	

Emergency Contact/Authority to Collect

(This **MUST** be someone other than the parent/guardians listed above)

Name: _____	Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Work/Mobile Phone: _____	Work/Mobile Phone: _____
Relationship to child: _____	Relationship to child: _____

PASSWORD: _____

(This password is in case of an emergency when somebody is picking your child up and they do not have the 'Authority to collect'.)

I/We the undersigned hereby acknowledge that:- (please circle)

- a) I/We agree to Westgate Wonders Care Club (including all personnel employed by the Club) arranging for the provision of medical treatment for the said Child/Children, including the administration of prescribed medications as considered necessary in cases of emergency or where I/We or the other nominated persons cannot be readily contacted. **YES / NO**
- b) I/We give permission for Westgate Wonders Care Club (including all personnel employed by the Club) to supervise my/our child/children to apply sunscreen protection when appropriate: **YES / NO**
- c) I/We give permission for Westgate Wonders Care Club (including all personnel employed by the Club) to remove the Child/Children from the premises in case of an emergency arising (such as a fire) and relocate them to the playground in the school grounds and for my child/children to participate in monthly fire drill procedures. **YES / NO**
- d) I/We give permission for my child/children to use plasters: **YES / NO**
- e) I/We give permission for my child/children to watch PG rated films suitable for children. **YES / NO**
- f) I/We give permission for my child/children to wear face paints and removable tattoos? **YES / NO**
- g) I/We give permission for my child/children to go on outings with the club on the understanding I/We have been given prior warning. **YES / NO**

I/We (the parents/guardians) also agree to the following conditions regarding attendance of my/our Child/Children at Westgate Wonders Care Club:

- a) I/We understand and accept that fees must be paid at least one (1) month in advance of attendance and that normal fees are payable at all times and retainer fees (half price) for any period of absence by my/our Child/Children for illness, holidays or for any other reason agreed by the Manager and the Parent/Guardian. This notice **MUST** be given in writing and with at least one weeks notice. I/We also understand that if fees are not paid my/our Child/Children's continued enrolment at Westgate Wonders cannot be guaranteed. **YES / NO**
- b) I/We agree to keep all sessions fees up to date and if I become two weeks behind I understand that a letter will be sent to me explaining that I have to pay by a certain date or my child will be unable to attend. **YES / NO**

I/We give permission (if needed) for the Westgate Wonders Manager to liaise with school staff i.e. SENCO/Teacher to ensure the club has a good understanding of the needs of your child/children.

YES / NO

Allergies/Illnesses etc

Medical Conditions: _____

Medicine: _____

Allergies (including food allergies): _____

Dietary Needs: _____

Illnesses: _____

Special Needs: _____

Other Important Information: _____

Additional Information:

Child's Likes: _____

Child's Dislikes: _____

Family Doctor

Family Doctor's Name: _____ Phone: _____

Address: _____

Ethnic Origin

How would you describe your ethnic origin?

- | | | | | |
|--|--|--------------------------------------|--|---------------------------------|
| <input type="checkbox"/> White British | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Black Other | <input type="checkbox"/> Black African | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Asian | <input type="checkbox"/> Other |

Special Cultural/Religious needs (eg diets, festivals): _____

First language _____ ***Religion*** _____

Declaration

I/We agreed to keep the Child/Children home while he/she/they are/is suffering from any infectious or contagious illness, or when he/she/they are/is in such poor health as to be unfit for normal day care conditions.

I/We have read and understood Westgate Wonders Behaviour Policy (Yellow/Red Card System) as described in the Westgate Wonders Handbook and will support all anti-bullying policies.

I/We have read and understood Westgate Wonders Child Protection Policy and I agree to the necessary actions to be taken for the safety of my child/children.

I/We agree to have my/our Child/Children photographed and observations taken during activity and routine times for the purpose of displays within Westgate Wonders, internal and external promotion.

I/We have been issued with a Westgate Wonders Handbook and I agree to all the policies and procedures listed. If you would like to read the policies and procedures in full please ask a member of staff to point them out to you. Westgate Wonders Care Club will continue to review and update their Policies and Procedures and if there are any amendments you will be informed.

I/We give permission for the designated emergency contact person (listed on this form) to act on my behalf in the event of an emergency. I/We also agree to the staff of Westgate Wonders Care Club to administer First Aid on my child/children if they are fully qualified. I/We also agree to staff signing any form at hospital if I or the other named contacts listed on this form cannot be contacted – If it would be detrimental to my child's/children's health if they did not do so.

I/We agree to give one (1) months notice in writing of intention to withdraw the Child/Children from Westgate Wonders or pay one (1) months fees in lieu of such notice period.

I/We will ensure that the Child/Children is/are accompanied from Westgate Wonders by an adult or responsible person (aged 16 or above) and that the staff in the room are notified of the child/children's departure.

I/We agree that the Child/Children will be signed out at the appropriate locations on each day of attendance.

I/We agree Westgate Wonders to share information (if required) with Ofsted and/or other agencies.

First Parent/Guardian Signature: _____ Date: _____

First Month Fees Paid: _____ Date: _____

E-mail address: _____ (This will be used to send you monthly invoices)

Any other information you would like the club to be aware of ie, Court orders, etc.

Office Use Only

Enrolment Details

Breakfast Club: _____

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

After School Club: _____

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Holiday Club: _____

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

PASSWORD: _____

Amount paid: £ _____

Updated: SN 08/09/2020