

For office use only
Date of Application: ____/____/____
Date of Admission: ____/____/____
Exit Date: ____/____/____

**Please
complete in
black ink &
block letters**

Childs Name : _____.

Date of Birth : ____/____/____.

Home Address

Post Code: _____

First Parent / Guardian Details.

Name: _____

Work Address:

Post Code: _____

Home Phone Number: _____

Mobile Phone Number: _____

Work Phone Number: _____

E-Mail address: _____

Second Parent / Guardian Details.

Name: _____

Home Address if different from above:

Home Phone Number: _____

Mobile Phone Number: _____

Work Phone Number: _____

Who do you authorize to collect your child/ren

Name: _____

Mobile Phone Number: _____

Work Phone Number: _____

Their Date of Birth: ____/____/____ (for security reasons)

2nd Name: _____

Mobile Phone Number: _____

Work Phone Number: _____

Their Date of Birth: ____/____/____ (for security reasons)

Diet

Has your child specific diet requirement. Yes / No

If so please give details

Name of School _____

Does your child understand English Yes / No

Is English the only language spoken at home Yes / No

What other language is spoken in the child's home

Child Details

Has your child had any illness or surgery Yes / No

(If yes please give details) _____

Is your child on any medication Yes / No

(If yes please give details) _____

Doctors Details:

Childs doctors' name: _____

Name of practice: _____

Phone Number of practice: _____

Has your child had: Please tick appropriate boxes.

	Yes	No		Yes	No
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please specify: _____		
Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>	Does your child have any impairments		
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Sight <input type="checkbox"/> <input type="checkbox"/>		
German Measles	<input type="checkbox"/>	<input type="checkbox"/>	Hearing <input type="checkbox"/> <input type="checkbox"/>		
Measles	<input type="checkbox"/>	<input type="checkbox"/>	Speech <input type="checkbox"/> <input type="checkbox"/>		
Hand & Mouth	<input type="checkbox"/>	<input type="checkbox"/>	Physical <input type="checkbox"/> <input type="checkbox"/>		
Conjunctivitis	<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/> <input type="checkbox"/>		
Slapped Cheek	<input type="checkbox"/>	<input type="checkbox"/>	If yes please specify: _____		
Impetigo	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Scarlett Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Dermatitis	<input type="checkbox"/>	<input type="checkbox"/>	_____		

About your child: (e.g. their favourites)

Toys: _____

Book: _____

Board game: _____

Outdoor game: _____

Position in Family: _____

Is your child in a learning support class. Yes/No

Does your child have a designated classroom assistant in school. Yes/No

Does your child have or had any siblings that attend

Fun 4U Club: Yes / No

If yes please give name _____

Required cover. Please tick appropriate box:

If you have ticked part and require cover on a rota basis, we will need you to fill out an attendance booking form for two months in advance and this will have to be continued for the duration of the enrolment period.

Full week including holidays until further notice.

Full week term time only until further notice.

Part week including holidays until further notice.

Part week term time only.

Mon Tue Wed Thur Fri

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If part week please indicate days required

Occasional or emergency cover only.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<input type="checkbox"/>

Parent / Guardian consents (please tick as appropriate)

I/We give my/our permission to act on my/our behalf in case of emergency or accident and to such action as may be necessary for the benefit of the child. The decision to be taken by person in charge at the time of the emergency.

YES NO

I/We agree to pay all reasonable costs/expenses which might be incurred in the before mentioned event.

YES NO

I/We hereby give my/our permission for my/our child to take part in walks and other outings outside of the school grounds, on the understanding that the adult to child Ratio, as recommended by Social Care Trust will be adhered to at all times.

YES NO

I/We give my/our permission for my/our child to be photographed by staff for the purposes of displaying in Fun 4U Club. All photographs will be destroyed when the display is taken down.

YES NO

I/We give my/our permission for my/our child to be included in press & social media releases issued by Fun 4U Club.

YES NO

I/We hereby give my/our permission for hypo allergenic plasters to be used on my/our child if necessary.

YES NO

I/We give my/our permission for staff to assist with cleaning my child in the event of a toileting accident.

YES NO

I/We give my/our permission for staff to assist my child with the reapplication of sun cream when necessary.

YES NO

I/We give my/our permission for my child to walk unaccompanied from the school building to Fun 4U Club facility at the end of the school day.

YES NO

I/We are/am aware that should staff have reasonable concern for your child's welfare, staff can contact Social Services without the parent's prior knowledge.

YES

I/we are/ am aware that only an adult of 18years plus can collect my/our children from Fun 4U Club

YES

Terms and conditions:

Payment of fees: Fees are paid monthly in advance, on or before 28th of each month. The amount of this payment will be based on the above required cover indicated or the days selected on the booking form. All additional costs will be paid on the day requested or before 28th of the month that those costs have occurred. An absent form must be submitted to change your booked days, to insure that your amendments can be implemented on time this must be reach Fun 4U Club before the 15th of the prior month. When amendments are made after this date the original booked days will be charged as well as any extra days required and all days will be due for payment. One calendar month notice is required by Fun 4U Club in the event of your child is leaving. Please sign as your consent that all of the above details are accurate. That you accept all of the terms and conditions outlined. Please note that we require parents / guardians to notify us immediately should any of the information contained in this enrolment form change.

Please tick this box to confirm that you have been provide with a copy of Fun 4U Club's Terms and Conditions and you have been given full access to Fun 4U Club's Policies and Procedures files, which you have read and fully understand them all.

Parent / Guardian Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

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Place on waiting list Yes/No

Full Registration checked Yes/No

Booking form received Yes/No

Signed: _____ Date: _____

Place allocated Yes/No

Date received at head office: _____

Policies and Procedures sent by email Yes/No