

Longthorpe Breakfast and After-School Clubs

**Enrolment Form**

# Childs details

Forenames ………………………………………………………………………………………

Known as ……………………………………………

Date of birth …… /……………… /…………...

Gender: (please circle) Female / Male

First Language …………………………………….

Other languages spoken in the home

……………………………………..……………………..

Surname ……………………………………………………………………………………………

Religion / Faith ………………………………………………………………………………….

Religious festivals celebrated ……………………………………………………………

…………………………………………………………………………………………………………..

Names of other children in the family home ………………………….…………

…………………………………………………………………………………………………………...

Preferred Primary School ……………………………………………………………………

# Parents / guardian’s details

Telephone No. …………………………………….

Mobile No. ………………………………………….

Work No. …………………………………………….

Email …………………………………………………..

1. Name ……………………………………………………………………………………………..

Relationship to child …………………………………………………………………………..

Address ………………………………………………………………………………………………

…………………………………………………………………Post code ………………………..

Date of birth …… /……………… /…………...

National Insurance number ………………………………………………………………..

Telephone No. …………………………………….

Mobile No. ………………………………………….

Work No. …………………………………………….

Email …………………………………………………..

2. Name ……………………………………………………………………………………………...

Relationship to child …………………………………………………………………………..

Address ………………………………………………………………………………………………

…………………………………………………………………Post code ………………………..

Date of birth …… /……………… /…………...

National Insurance number ………………………………………………………………..

# Parents / guardian’s responsibility

Who has Parental responsibility? (please circle)

Both Parents / Mother / Father / Local Authority / Other

…………………………………………………………………………………………………………….

Is a residence order in force? (please circle) Yes / No

If you have answered YES to any of these questions, please give details

……………………………………………………………

……………………………………………………………

…………………………………………………………..

Is a contact order in force? Yes / No

Is there any other court order in force regarding parental responsibility? Yes / No

Does the family have any involvement with Social Services? Yes / No

# Permissions

I allow Longthorpe Preschool to apply sun screen if needed to my child. Yes / No

I allow photos of my child and their work to appear on our website longthopepreschool.org Yes / No

I allow my child to watch U and PG rated films whilst supervised by staff at After-School club Yes / No

I allow my child to have face paint / glitter tattoos on special occasions Yes / No

# Emergency Contact Details

Please note that the parents/guardian will always be contacted first. Please give details of other persons who can be contacted if the parents/guardian cannot be contacted. By signing you are also confirming that these people are authorised to collect your child on your behalf.

Telephone No. …………………………………….

Mobile No. ………………………………………….

1. Name ……………………………………………………………………………………………..

Relationship to child …………………………………………………………………………..

Telephone No. …………………………………….

Mobile No. ………………………………………….

2. Name ……………………………………………………………………………………………..

Relationship to child …………………………………………………………………………..

# Doctors details and Medical information

Doctors name …………………………………………………………………………………….

Practice / surgery address ………………………………………………………………….

…………………………………………………………………………………………………………….

Practice / surgery phone number ……………………………….………………………

Does your child wear glasses? Yes / No

Are the glasses worn all the time? Yes / No

Does your child have hearing problems? Yes / No

Does your child wear a hearing aid? Yes / No

Does your child suffer from asthma? Yes / No

If yes, does your child have an inhaler that needs to be kept at OOH club? Yes / No

Does your child have any allergies? Yes / No

Does your child have any birth marks? Yes / No

Are there any other medical conditions that which we need to be aware of? Yes / No

If you have answered YES to any of these questions, please give details

…………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………

I authorise members of staff of Longthorpe Preschool to seek any necessary emergency medical advice or treatment. Yes / No

# Dietary information

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

If YES please give details

…………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………

# Attendance times

Required start date …………………………………………………………………………….

Please tick required sessions:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | Breakfast Club7:45 – 8:45am | After-school Club3:15 – 5:15pm | After-school Club2:30 – 4:30pm |
| Monday |  [ ] £5 per child | [ ] £8 per child |  |
| Tuesday | [ ] £5 per child | [ ] £8 per child |  |
| Wednesday | [ ] £5 per child | [ ] £8 per child |  |
| Thursday | [ ] £5 per child | [ ] £8 per child |  |
| Friday | [ ] £5 per child |  | [ ] £8 per child |

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# Payment Method

We accept all kinds of childcare vouchers, or payment by BACS / Bank Transfer. Invoices are prepared monthly by sessions booked. Failure to pay will result in your child’s removal from the register.

# Declaration

I confirm the above information to be true to the best of my knowledge, information and belief.

Date …………………………………………………….

Signature ……………………………………………………………………………………………

**Please note that all information will be treated in confidence and we will only share your information with our book keeper for invoicing purposes.**

**Please return this form, to Willow Worthington (admissions secretary), Longthorpe Preschool, Bradwell Road, Longthorpe, Peterborough, PE3 6QW**