

Summer Programme Enrolment Form Please complete and return

Name of Child _____ Date of Birth _____

Anticipated commencement date _____

Attendance Requirement: Two weeks Three weeks Four weeks

Full residential address of child _____

Parent/Caregiver Information:

Please give full names:

Mother _____ Father _____

Parent/Caregiver telephone numbers:

Home _____ Work Mother _____ Work Father _____

Emails: Mother _____ Father _____

Emergency contacts other than parents/caregivers:

Contact 1:
Name: _____
Relationship _____
Telephone _____

Contact 2:
Name: _____
Relationship _____
Telephone _____

Please provide a list of people allowed to collect your child from the setting:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

NB: We may not release your child to an unlisted person without your prior written notification. If any person not listed and not known to the programme staff should attempt to collect your child from the programme, permission will be refused.

Please list below any other specific instructions or information you can provide for us that would be helpful and assist us in the care of your child.

Child's Doctor _____ Phone Number _____

Does your child have any of the following?

ADD/ADHD Epilepsy
Allergies See box below Haemophilia
Asthma Heart Problems
Diabetes Other _____

Is your child on any medication? Yes No

What medication? _____

Dosage? _____

If your child has allergies, please tell us what they are and if they have severe reactions – e.g. High, Moderate, Low;

❖ **Bee sting** : Severity _____ Medication or Action to be taken _____

❖ **Food** : What foods? _____ Severity _____

Medication or Action to be taken _____

❖ **Medicines** : What medicines? _____

Severity _____ Action to be taken _____

Does your child wear: Glasses? Hearing Aid?

Please list any information or special instructions regarding the health and well-being of your child

Off-Site Excursions: The programme will at times have special trips and activities that occur away from the main school site.

Please read and sign this permission statement.

I hereby give permission to transport my child off the designated site of operation if and when required i.e. evacuation, group trips, etc.

Name _____ Signature _____ Date _____

I acknowledge that photographs of my child or items of my child's work completed at the summer programme may be used at a later date for marketing and promotional purposes and I hereby give my consent and no further permission will be required.

I acknowledge that the information contained herein is confidential and will only be used by the school to care for my child effectively and not used or distributed for any other purposes.

Whilst still adhering to all COVID-19 and safety protocols, we will be unable to maintain bubbles during the programme. By signing this form, I confirm that I am happy with these arrangements and all associated risks.

I hereby give my permission for the school staff to treat my child if a minor accident occurs. In the case of a more urgent matter, I understand a doctor or nurse will be called first then I will be notified.

To operate efficiently we require that fees be kept up to date. All fees should be paid in advance.

No refunds are given for absences and all public holidays are charged at the applicable rate for bookings normally required that day.

I declare that I have read this document fully and that the information given above is true. I acknowledge that in order to keep my place at the summer programme that I need to keep my account up to date.

I have attached the first two-week payment in advance.

I acknowledge that it is my responsibility to advise the setting immediately of any change in the information provided.

Name _____ Signature _____ Date _____