

Caistor

CHURCH OF ENGLAND & METHODIST



**Breakfast and After
School/Holiday Provision**

Registration Form

Child's full name	Known name	Date of birth
Birth certificate seen by		Address
Password for emergencies		
		Postcode
Is your child adopted from care? Yes / No	Does your child have a parent currently serving in the UK military? Yes / No	
Ethnic Origin (optional)	First language	Other language(s)
Person 1 with parental responsibility		Address (if different from above)
Relationship to child		
Mobile phone number		Postcode Home phone number Email
		Work phone number
Person 2 with parental responsibility		Address (if different from above)
Relationship to child		
Mobile phone number		Postcode Home phone number
		Work phone number
Name of authorised person 1 to collect your child		Address
Home phone number		
Mobile phone number		Postcode Home phone number
		Work phone number

Registration Form (cont'd)

Name of authorised person 2 to collect your child	Address
Home phone number	Postcode Home phone number
Mobile phone number	Work phone number
Name of authorised person 3 to collect your child	Address
Home phone number	Postcode Home phone number
Mobile phone number	Work phone number
Name of emergency contact 1	Address
Home phone number	Postcode Home phone number
Mobile phone number	Work phone number
Name of emergency contact 2	Address
Home phone number	Postcode Home phone number
Mobile phone number	Work phone number

Photograph Consent

I consent to photographs of my child being taken and used within the school setting.	Yes	No
I consent to my child's name appearing with the photograph within the school setting.	Yes	No
I consent to my child's photograph appearing in a local newspaper.	Yes	No
I consent to my child's name appearing with the photograph in a local newspaper.	Yes	No
I consent to my child's photograph appearing on our website.	Yes	No

Medical Information

(Your child will receive first aid treatment if necessary)

<p>Does your child have any medical conditions we need to be aware of? If yes, please state them below. (If you need more space please continue on a separate sheet and attach it)</p> <p>(Please note that staff are not allowed to administer any medicine. If your child needs medicine, please arrange for a member of your family to administer it.)</p>	Yes	No
<p>Does your child have any allergies/intolerances? If yes, please state them below.</p>	Yes	No
<p>My child has had a tetanus injection (please provide the date.)</p>	Yes	No
<p>My child can have a plaster if he/she cuts him/herself.</p>	Yes	No
<p>Does your child have any special dietary requirements? If yes, please state them below. (If you need more space please continue on a separate sheet and attach it)</p> 	Yes	No
<p>Child's Doctor's Name and Address</p>	<p>Telephone number</p>	

Sun Cream

I consent to staff helping my child to apply sun cream.	Yes	No
If I forget to provide my child's sun cream I consent to my child being helped to apply the school's sun cream.	Yes	No

Information about my child

My child has a special comforter which is (e.g. a blanket, toy etc.)
My child likes to eat
My child does not like to eat
My child's favourite activity is
My child is interested in
Special words my child uses (for family members, toys etc)
Please provide any relevant information about your child.

Parent/Carer Contract of Attendance

Child's Name (this information must be the same shown on the Registration Form)	
Legal Forename	Legal Surname
Other Legal Forenames	Date of Birth

Person with legal responsibility (this information must be the same shown on the Registration Form)	
Legal Forename (as on legal documents)	Legal Surname (as on legal documents)
Relationship to child (mother, father, carer)	Contact Number

Breakfast and After School Provision

Please detail the sessions to be taken with Caistor Church of England and Methodist Breakfast and After School Provision.

Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
7.45 - 8.45 am					
3.30 - 5.45 pm					

I authorise Caistor Church of England and Methodist Pre-School to share relevant information regarding my child's learning, development and experiences with others who are involved in his/her care to help them compile a comprehensive picture of my child.

Parent/Carer Signature.....Print Name.....Date.....

Address

Postcode

Parent/Carer Contract of Attendance

Child's Name (this information must be the same shown on the Registration Form)

Legal Forename	Legal Surname
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Other Legal Forenames	Date of Birth
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Person with legal responsibility (this information must be the same shown on the Registration Form)

Legal Forename (as on legal documents)	Legal Surname (as on legal documents)
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Relationship to child (mother, father, carer)	Contact Number
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Holiday Provision

Please detail the sessions to be taken with Caistor Church of England and Methodist Holiday Provision.

*** Your child will require a packed lunch as the school's kitchen is closed during the holidays.**

Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
7.45 - 1.00 pm					
Lunch Time - 12.30 -1pm					
12.30 - 5.45 pm					
7.45 am - 5.45 pm					

I authorise Caistor Church of England and Methodist Primary School to share relevant information regarding my child's learning, development and experiences with others who are involved in his/her care to help them compile a comprehensive picture of my child.

Parent/Carer Signature.....Print Name.....Date.....

Address

Postcode

Main Parent Declaration

This part is to be completed by the parent/carer/guardian

Please tick to confirm that you understand that by signing this contract you agree with the following conditions and have been made aware of the following information.

- I have received a copy of the school's prospectus and details of the fee structure including payment dates and methods.
- I have seen copies of the school's policies and procedures and agree to abide by them.
- I understand that I may withdraw my child from pre-booked sessions at any time giving 28 days written notice.

I hereby give consent for the information above to be held on file in compliance with the Data Protection Act 1998.

Parent/Carer Signature.....Print Name.....Date.....

Breakfast and After School Provision Fee Structure

Breakfast session (7.45 am - 8.45 am)	£4.00 per session
After school session (3.30 pm - 5.45 pm)	£8.00 per session
AM and PM sessions if booked together (7.45 - 8.45 am and 3.30 - 5.45 pm, Monday to Friday (5 days/10 sessions))	£10 per day

- Fees due will be billed half termly and are payable in advance
- Cancellation of places requires 28 days written notice
- Payments are to be made by cash or cheque (made payable to Lincolnshire County Council)
- A late payment fee will be enforced at 10 percent
- Late collection of children may be charged at £1 per minute over and including 5 minutes

Holiday Provision Fee Structure

Sessions	1st child	Additional Siblings
Am 7.45 - 1pm	£14.00	£11.20 per sibling (20% discount)
Lunch Time 12.30 -1.00 pm	Own lunch required	Own lunch required
Pm 12.30 - 5.45pm	£14.00	£11.20 per sibling (20% discount)
Full day 7.45 am - 5.45 am	£25.00	£20.00 per sibling (20% discount)

- Fees due will be billed half termly and are payable in advance
 - Cancellation of places requires 28 days written notice
 - Payments are to be made by cash or cheque (made payable to Lincolnshire County Council)
 - A late payment fee will be enforced at 10 percent
 - Late collection of children may be charged at £1 per minute over and including 5 minutes
- * Your child will require a snack and packed lunch as the school's kitchen is closed during the holidays**

Childcare Provision Confirmation of Place

I confirm on behalf of Caistor Church of England and Methodist Breakfast and After School/Holiday Provision that we meet the terms and conditions detailed in this document.

Zoe Hyams

Head Teacher

BA.QTS Hons (ENG) MA Ed Man NPQH

Date