A blue circle with a face and text

Description automatically generated**Holiday Enrolment Contract 25/26**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Full Name** |  | | |
| **Known As** |  | | |
| **Date of Birth** |  | **Gender** |  |
| **1st Language** |  | **2nd Language** |  |
| **School** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s**  **Address** |  | | |
|  | **Postcode** |  |
| **Home Telephone** |  | | |
| **Email for Famly Login** |  | | |
| **Additional Email**  *if required* |  | | |

**Details of Emergency Contacts**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Main Contact w/ parental responsibility** | **2nd Emergency Contact** | **3rd Emergency Contact** |
| **Name(s)** |  |  |  |
| **Relationship to Child** |  |  |  |
| **Address** |  |  |  |
| **Home Tel** |  |  |  |
| **Work Tel** |  |  |  |
| **Mobile** |  |  |  |
| **Email** |  |  |  |

|  |  |
| --- | --- |
| **Authorised Names**  *In addition to contacts* |  |

*I understand that it is my responsibility to have obtained consent from all emergency contacts to supply their personal information.*

**AGREE**

**Health and Welfare**

|  |  |
| --- | --- |
| **Any known allergies/illnesses** |  |
| **Any additional needs/cultural/ dietary requirements** |  |
| **Is the child on the SEN register? Please provide details** |  |

*If medication is required ie. Epipen, inhaler, piriton etc, then an additional care plan will need to be completed.*

|  |  |
| --- | --- |
| **Please give details for any of the below factors that may be relevant to your child.** | |
| **Any child protection plan which your**  **child is subject to?** |  |
| **Any relevant court orders in place including any which may affect any person’s access to your child** |  |
| **Any other factors that may impact the safety and welfare of your child?** |  |

**Booking and Invoicing Details**

*A written booking request must be made via email. Invoices and correspondence will be made via Family. We require 2 weeks for any cancellations or changes.*

|  |  |
| --- | --- |
| **Bill Payer Name(s)** |  |
| **Bill Payer Email** |  |

**Permissions**

*Please tick each statement to agree to any permissions. Updates to policy and permissions will be updated and issued via Famly.*

|  |  |  |
| --- | --- | --- |
| **Sun Cream:** *Do you consent for members of staff to apply suncream to your child in hot conditions* | ***Agree*** |  |
| **Photos:** *Do you consent for photos of your child to be taken for use in the setting and your child’s learning journal* | ***Agree*** |  |
| **Advertising:** *Do you consent to the use of your child’s photo for to be used in company advertising such as the website and leaflets* | ***Agree*** |  |
| **First Aid:** *Do you consent for staff and emergency services to administer first aid* | ***Agree*** |  |
| **Plasters:** *Do you consent for the use of plasters if needed* | ***Agree*** |  |
| **Face Paint:** *Do you consent for your child to have their face painted* | ***Agree*** |  |
| **Walking:** Do you consent for your child to walk home from club alone | ***Agree*** |  |
| **Films:** Do you consent for your child to watch a PG film | ***Agree*** |  |
| **Data Protection:** Do you consent for Around Childcare to store your information for up to 21years in line with legal requirements | ***Agree*** |  |
| **Outings:** Do you consent for your child to participate in local outings by transport or by foot | ***Agree*** |  |

*I confirm that the above information is correct and that I have fully read this form and I agree to comply with the terms and conditions set out.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Signed** | **Printed** | **Date** |
| **Parent/Carer 1** |  |  |  |
| **Parent/Carer 2** |  |  |  |
| **Around Childcare** |  |  |  |