

Child's Details

First Name:	Surname
Date of Birth:	Name they like to be called:

Parents'/Carers Details

First Name:	First Name:
Surname:	Surname:
Home Address:	Home Address:
Home Number:	Home Number:
Place of Work and Number:	Place of Work and Number:
Mobile Number:	Mobile Number:
Email address:	Email address:
Do you have legal parental responsibility? Yes/ No	Do you have legal parental responsibility? Yes/ No

Days Required

	Monday	Tuesday	Wednesday	Thursday	Friday
Sessions required					

Homework

If your child is given homework, would you like this to be completed at after school care?

Electronic Devices

If your child will be using electronic devices, please tell us: what it is, what they are allowed to do, and time limit:

Medical Information

Name of Doctor:	Telephone:
Address:	

Does your child have any special educational needs/additional needs we need to be aware of?

Does your child require medication on a regular basis?
Does your child have any permanent or recurring conditions?
Does your child have any medical history we need to be aware of?
Does your child have any visual or hearing difficulties?
Are there any additional support/resources your child may require whilst in our care?
Does your child have any dietary requirements?
Does your child have any allergies?

Emergency Contact Details

Name:	Telephone number	Mobile Number	Authorised to collect child? Yes/No
Address:			Relationship to child:
Name:	Telephone number	Mobile Number	Authorised to collect child? Yes/No
Address:			Relationship to child:
Name:	Telephone number	Mobile Number	Authorised to collect child? Yes/No
Address:			Relationship to child:
Name:	Telephone number	Mobile Number	Authorised to collect child? Yes/No
Address:			Relationship to child:

Security Password:

Photographic Consent

- I give / do not give consent for my child's photograph to be taken and used within the school (e.g. displays).
- I give / do not give consent for my child's photograph to be used by Do Re Mi for documents and publications (e.g. prospectus and newsletters).
- I give / do not give consent for my child's photograph to be used by Do Re Mi for promotional literature, website, social media

Emergency Medical Treatment

- I agree to Do Re Mi staff seeking medical advice from other professionals in my absence.
- I agree to a registered First Aid person (Lead Practitioner) ensuring my child receives the most appropriate care and treatment should a medical/ dental emergency arise.
- I agree to a registered First aid person accompanying my child to the hospital in my absence.
- I agree to a registered First aid person authorising hospital staff to administer essential treatment until my arrival.
- I understand that I will be informed of an emergency or accident as soon as possible after the event.

Signed Parent / Carer

1.....

2.....

I do not agree to the above procedures and would prefer the following to be carried out in the event of an emergency.

.....
.....
.....
.....
.....

Signed Parent / Carer

1.....

2.....

Name of Child.....	DOB.....
Name of Parent / Carer.....	
E-Mail.....	
Address.....	
.....	
Postcode.....	Home Tel:
Mobile.....	

1. Registration

Submission of the registration form secures your child's place at After school care for the term and you are confirming that this care is required. Should you change your mind, then fees for the half-term will still be due.

2. Fees

Sessions cost £12.00 and fees are to be paid half-termly in advance. Invoices will be issued by email and sent prior to the beginning of each half-term for payment for that half-term. Usual form of payment is BACS transfer and/or childcare vouchers. Alternative payment forms and payment plans can be arranged individually at the discretion of the Director if required.

3. Absence

If your child is unable to attend after school care due to illness, holidays, appointments or for any other reason then the standard fee will apply. Unfortunately we are not able to offer alternative sessions or refunds.

In the event of a long term illness please contact the Director as soon as possible so alternative arrangements can be made. We will endeavour to provide the most appropriate support during this time.

4. After School Care Closure

After school care is available Monday to Friday 3.30pm-5.30pm, term time only (as per Neville's Cross Primary term dates).

In the unfortunate event of a School Closure due to reasons other than statutory holidays, e.g. weather, and provision cannot be offered, then refunds will be made.

5. Late Collection

Please contact After school care immediately on 07783 811202 if you know that you will be late collecting your child. An additional charge of £5.00 per child will be made if you are 15 minutes late. An additional charge of £10.00 per child will be due if you arrive up to 30 minutes late. If you know you will be later than 6pm (when school will be locked), then you will need to arrange for someone else to collect your child.

6. Non Payment of Fees

In the case of late payment of fees (exceeding one week after agreed payment date), an administration charge of £15.00 will be charged.

In the event of fees in arrears the following procedure will take place:

1. A letter will be sent out asking for the outstanding amount to be brought up to date within seven days.
2. If after seven days the outstanding amount is not repaid further notification will be sent along with a date of withdrawal of your child's after school place.
3. If still no arrangements have been made to repay the overdue amount then information specific to your outstanding fees will be sent to our Legal Department who will take the appropriate actions to recover the monies.

If you experience any difficulties in maintaining your account with us then please speak to the Nursery Director as soon as possible as short term arrangements can be made (subject to circumstances).

Childcare vouchers

If you will be paying/part-paying by Childcare vouchers, please state the name of the childcare voucher company you are using:

This agreement will be reviewed annually and any section including agreed fees may be changed. A minimum of a half-term's notice is to be given by either party in writing to terminate the contract. I HAVE READ AND UNDERSTOOD THIS AGREEMENT:

Signed

Parent/Carer 1..... Date

Parent/Carer 2 Date

Do Re Mi Director Date.....