



This form must be completed for each child before your child can attend Kidz World Out of School Club. All the information contained within this application will be treated as confidential and stored/retained in line with GDPR. Thank you, and we look forward to seeing you soon.

OFFICE USE ONLY		REFERRAL _____	INPUT ON 1 ST STEPS DATE _____	
START DATE _____		INPUT BY _____		
Settling session dates	CAREPLAN	2 nd VISIT	3 rd VISIT	
Parents induction complete date				
Registration form received date		Registration fee received		
Welcome pack sent date				
Direct Debit received date		Fee advice given date		

CHILD'S DETAILS

For all children attending Kidz World, a non-refundable registration fee is payable for retention of place.

I enclose payment of £35.00, non-refundable registration fee

FIRST NAME	
MIDDLE NAME	
KNOWN AS (name)	
SURNAME	
HOME ADDRESS	
TOWN	
COUNTY	
POST CODE	

D.O.B			
M		F	
HOME TELEPHONE No.			
BIRTH CERTIFICATE No.			

*WE REQUIRE A PHOTOCOPY OF THE BIRTH CERTIFICATE TO BE RETAINED ON FILE

FAMILY E-MAIL	
---------------	--

TYPE OF PLACEMENT

START DATE	
------------	--

Our Out of School Club is open from 3.00pm -18.00pm

Sessions: 3pm – 5pm 3pm – 6pm

Flexible place (3.00pm to 6.00 pm)

If part-time please indicate required sessions:

Breakfast	MON	TUE	WED	THURS	FRI
7.30am-9am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3pm – 5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3pm – 6pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHICH SCHOOL DO YOU REQUIRE PICK UP FROM?	
SCHOOL TELEPHONE NUMBER	
CURRENT PRIMARY CLASS	
TEACHERS NAME	
HAVE YOU INFORMED THE SCHOOL WE ARE PICKING YOUR CHILD UP?	

FAMILY DETAILS

PARENT/ CARER 1

PARENT/ CARER 2

Relationship to child	
TITLE/ NAME	
SURNAME	
HOME ADDRESS	
TOWN	
COUNTY	
POST CODE	
HOME TEL.	
MOBILE	
E-MAIL	
EMPLOYER NAME	
WORK ADDRESS	
POST CODE	
TELEPHONE	
E-MAIL	

Relationship to child	
TITLE/ NAME	
SURNAME	
HOME ADDRESS	
TOWN	
COUNTY	
POST CODE	
HOME TEL.	
MOBILE	
E-MAIL	
EMPLOYER NAME	
WORK ADDRESS	
POST CODE	
TELEPHONE	
E-MAIL	

PARENT/ CARER RESPONSIBILITIES (please tick)

PARENT/ CARER RESPONSIBILITIES (please tick)

Parental responsibility	
Payment of fees	
Collect child from Nursery	
Contact in emergency	

Parental responsibility	
Payment of fees	
Collect child from Nursery	
Contact in emergency	

Should the need to contact you in an emergency arise, please indicate who should be contacted in the first instance.

1st Emergency Contact: _____ Tel No. _____

2nd Emergency Contact: _____ Tel No. _____

OTHER CONTACTS/ AUTHORISED PICK UPS

1		2		3	
NAME		NAME		NAME	
CONTACT TEL. 1		CONTACT TEL. 1		CONTACT TEL. 1	
CONTACT TEL. 2		CONTACT TEL. 2		CONTACT TEL. 2	
RELATIONSHIP TO CHILD		RELATIONSHIP TO CHILD		RELATIONSHIP TO CHILD	

FAMILY PASSWORD

We operate a family password system, in the instance of the usual person not being able to collect the child this password will be asked for. Parents/ guardians must advise the Out of School Clun prior to the new person collecting the child. This password must remain confidential to the family/ designated people responsible for collecting the child.

Please indicate your password	
--------------------------------------	--

MEDICAL

G.P

NAME	
G.P ADDRESS	
TOWN	
COUNTY	
POST CODE	
TEL.	

HEALTH VISITOR

NAME	
G.P ADDRESS	
TOWN	
COUNTY	
POST CODE	
TEL.	
Permission to contact your Health Visitor, if needed only	
YES	NO

OTHER AGENCY DETAILS

AGENCY NAME	
CONTACT NAME	
ADDRESS	
TOWN	
COUNTY	
POST CODE	
TEL.	

ANY ADDITIONAL DETAILS

--

ALLERGIES – WE REQUIRE WRITTEN CONFIRMATION FROM YOUR G.P

(Please indicate whether your child has any known allergies. Please complete relevant Long Term Medicine/ Individual Medical Care Plan paperwork)

--

DIET - WE REQUIRE WRITTEN CONFIRMATION FROM YOUR G.P UNLESS FOR RELIGIOUS/ BELIEF REASONS

(Please indicate whether your child has any dietary needs, give details)

--

MEDICAL - WE REQUIRE WRITTEN CONFIRMATION FROM YOUR G.P

(Please indicate if your child has any medical needs/ long term medication. Please complete relevant Long Term Medicine/ Individual Medical Care Plan paperwork)

--

CONSENT

CARE CONSENT

Please tick below to state your agreement to the following:

<input type="checkbox"/>	I will inform the Out of School Club of my child being given any medicines on the day of attending Out of School
<input type="checkbox"/>	I understand that should my child have any bouts of sickness or diarrhoea they must not attend for 48hrs from the last instance

Please note, the only medication that would be administered by the Out of School Club team must be prescribed by a doctor, meet the requirements of our medication policy and individual medical forms signed by the parent/ guardian in advance. Kidz world employees reserve the right to refuse to administer medication that requires specific training, without prior training for this.

TREATMENT CONSENT

Please tick below to state your agreement to the following:

Should your child become unwell whilst at Kidz World we require your consent to treat them

<input type="checkbox"/>	I do	<input type="checkbox"/>	I do not	Give an employee trained in 1 st Aid to treat my child
<input type="checkbox"/>	I do	<input type="checkbox"/>	I do not	Give a doctor or other medical professional consent to treat my child

I understand that Kidz World will contact me immediately in this event

PARENT/ CARER SIGNATURE _____ **DATE** _____

PHOTOGRAPHIC CONSENT

Please tick below to state your agreement to the following:

Give permission for us to take photographs/ videos of your child to be used

<input type="checkbox"/>	I do	<input type="checkbox"/>	I do not	Within the nursery
<input type="checkbox"/>	I do	<input type="checkbox"/>	I do not	In newspapers
<input type="checkbox"/>	I do	<input type="checkbox"/>	I do not	Social media

Please note, inspectors require evidence of the activities we offer the children in our care. Photographs may be used in the nursery in the normal publicity of good working practices.

OUTINGS/ TRIPS CONSENT

Please tick below to state your agreement to the following:

Should your child become unwell whilst at Kidz World we require your consent to treat them

<input type="checkbox"/>	I do	<input type="checkbox"/>	I do not	Give my consent for my child to be taken on local walks/ outings
--------------------------	------	--------------------------	----------	--

PARENT/ CARER SIGNATURE _____ **DATE** _____

SUNCREAM CONSENT

Please tick below to state your agreement to the following:

Should your child become unwell whilst at Kidz World we require your consent to treat them

<input type="checkbox"/>	I do	<input type="checkbox"/>	I do not	Give consent to a member of Kidz world staff applying sun cream 30+ factor
--------------------------	------	--------------------------	----------	--

PARENT/ CARER SIGNATURE _____ **DATE** _____

FEES

AGREEMENT

Thank you for completing this form. We look forward to welcoming you and your child to Kidz World Out of School Club.

We would ask that it is your parental responsibility to keep the information contained on this registration form up to date, especially emergency contact details and any allergy/ medical details.

Please read the parents handbook carefully prior to signing.

Upon signing this agreement it will form the basis of a contract between yourselves and Kidz World Nursery.

Your signature also confirms that you have been advised that there are three copies of our Operational Policies and Procedures available and that these are kept in the main reception, manager's office & staff room.

We are happy to provide parents with a copy of any of these upon request.

Breakfast and a drink is provided everyday during breakfast club which will consist of a selection of cereals or toast and milk or water this is optional for all children.

Afternoon snack and drinks are also available in our out of school club daily which consists of a light snack and the choice of milk or water, which is optional to all children at no additional cost.

NOTICE PERIOD

We require 4 full calendar weeks' notice in writing if you are leaving or reducing sessions permanently. You WILL be charged the 4 weeks' notice period.

We require 2-4 weeks' notice for holidays therefor you WILL NOT be charged.

We require 1-2 weeks' notice if your child will not be at nursery for a day and therefor you WILL NOT be charged for.

If notice is NOT giving then you WILL be charged for these days.

AFTER SCHOOL CLUB FEES

Fees are payable in ADVANCE of the 1st day of the month, by BACS/CASH/ Childcare Vouchers or other approved payment methods. For third party payments, we need written confirmation that funding has been approved before the child starts at the Out of School Club. Parents are ultimately responsible for all payments being received by the Out of School Club. Should non-payment continue past one full month, your child may be excluded from the nursery until your account has been paid in full. Failure to make payment or set up payment plan agreement with the manager may result in court action and court fees being added.

Late payments fees are set at 5% of your total bill so if you do not pay on time this will be added, for example if your fees total is £200 the late charge will be £10 for this late payment.

Failure to comply may result in notice being served and your child's placement being cancelled.

I hereby confirm that I have read through the Terms & Conditions contained in the parent's handbook and accept these as being my contractual obligation to Kidz World Out of School Club once I have signed the acceptance below and paid a reservation deposit.

PARENT/CARER 1

SIGN _____

DATE _____

PRINT _____

PARENT/CARER 2

SIGN _____

DATE _____

PRINT _____