|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Detail | | | |
| Centre | MY-STS @ Billing Garden Village NN3 9EX | | |
| Start Date |  | | |
| Child’s Names |  | | |
| Date of Birth |  | Age |  |
| Religion |  | Gender |  |
| Address |  | | |
| |  |  | | --- | --- | |  |  | | Collect from My-STS By  Collection Password | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   **Sessions Requires, State in the box Day and Time (required 2-4 hours):**   |  |  | | --- | --- | | **Opening Hours 7.30-14.30/16.00-18.00** | **State From-To Hours Required** | | Monday |  | | Tuesday |  | | Wednesday |  | | Thursday |  | | Friday |  | | Saturday (base on demand) |  | | | | |
| Parent 1 Detail | | | |
| Names |  | | |
| Address |  | | |
| Relationship To Child |  | | |
| Mobile Phone |  | Work Phone |  |
| Email |  | | |
|  |  | | |
|  |  | | |
| Parent 2 Detail | | | |
| Names |  | | |
| Address |  | | |
| Relationship To Child |  | | |
| Mobile Phone |  | Work Phone |  |
| Email |  | | |

|  |
| --- |
| **Conditions requiring special consideration (medical/physical) :** |

Please provide the information requested below, as it may be needed in case of an emergency.

Does your child have:

|  |
| --- |
|  |

Allergies:

|  |  |
| --- | --- |
| Yes | No |

Asthma:

Does your child require:

|  |  |
| --- | --- |
| EpiPens |  |
| Inhaler |  |
| Any other prescribed Medication currently taken: (Type of medication and time of administration): |  |

|  |
| --- |
|  |

Any special dietary needs:

|  |
| --- |
|  |

Any Disability/Medical condition:

**Parent(s) Consent for IT and Media:**

We may sometimes take pictures and videos in our setting and post this only on our app, website or Facebook page with children’s faces or blur faces to hide facial identity.

We also plan to support children with school homework and the children may sometimes use our computer or laptop strictly to do their school homework like online Maths, English quiz, etc. Please note that we are not a school, we will only encourage and support children gently to do school homework if they would like to.

Please tick/highlight the boxes below if you want your child to use or not to use our setting IT and if we can take their pictures and video while at our setting as explained above.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| My child can use IT at My-STS Wonderland for school homework. |  |  |
| My child will not share or save his/her school passwords/codes on My-STS IT systems. |  |  |
| My-STS can include my child in pictures/video with or without blur faces when using them on My-STS App, Website and Facebook page. |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

Parent(s) Names, Signature, Date

**PLEASE RETURN COMPLETED FORM BY EMAIL TO** [**mystswonderland@gmail.com**](mailto:mystswonderland@gmail.com) **or drop it in person to us on Monday to Friday between 10 am and 5 pm at Unit 4a Billing Garden Village The Causeway, Gt Billing NN3 9EX**