|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Detail | | | | |
| Centre | MY-STS @ Billing Garden Village NN3 9EX | | | |
| Start Date |  | | | |
| Child’s Names |  | | | |
| Date of Birth |  | | Gender |  |
| Address |  | | | |
| |  |  |  |  | | --- | --- | --- | --- | | School Attending |  | | | | Class/Year |  | | | | Language Child speaks at Home |  | Religion |  | | Collect from My-STS Centre By |  | | |   **Sessions Requires: (Please tick the session required)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **DAYS** | **Rocker 07.30-17.30** | **Riser 08.30- 15.30** | **Flyer AM 07.30-12.30** | **Flyer PM 12.30 – 17.30** | | Monday |  |  |  |  | | Tuesday |  |  |  |  | | Wednesday |  |  |  |  | | Thursday |  |  |  |  | | Friday |  |  |  |  | | | | | |
| Parent 1 Detail | | | | |
| Names |  | | | |
| Address |  | | | |
| Relationship To Child |  | | | |
| Mobile Phone |  | | Work Phone |  |
| Email |  | | | |
| Do you live with the child and are you the main contact |  | | | |
|  |  | | | |
|  | |  | | |
| Parent 2 Detail | | | | |
| Names |  | | | |
| Address |  | | | |
| Relationship To Child |  | | | |
| Mobile Phone |  | | Work Phone |  |
| Email |  | | | |
| Do you live with the child and are you the main contact |  | | | |

|  |
| --- |
| **Emergency Contact** |

|  |  |  |  |
| --- | --- | --- | --- |
| 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:

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

We may sometimes take pictures and videos in our setting and post this only on our website or Facebook page with children faces blur 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 and work only with their pace and interest to do school homework.

Please tick 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.

|  |  |  |
| --- | --- | --- |
| Please tick | 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 and blur faces when using them on My-STS website and Facebook page. |  |  |

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

Parent(s) Names, Signature, Date

**PLEASE RETURN COMPLETED FORM BY EMAIL TO mystswonderland@gmail.com or drop it in person to us during Monday to Friday between 4.00 and 6.00 pm at Unit 4A Billing Garden Village The Causeway Gt Billing Northampton NN3 9EX**