|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Detail | | | | |
| Centre | MY-STS @ Billing Garden Village NN3 9EX | | | |
| Proposed Start Date |  | | | |
| Child’s Names |  | | | |
| Date of Birth |  | | Gender |  |
| Address |  | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Child’s first/main language |  | Religion |  | | Collect from My-STS By |  | | | |  |  | | | | Collection Password (for any other person permitted to collect your child) |  | | |   **Session(s) Require:**   |  |  |  |  | | --- | --- | --- | --- | | **Breakfast Club** | **Tick** | **After-School Club** | **Tick** | | Monday 7.15 – 8.55 |  | Monday 15.00 – 18.00 |  | | Tuesday 7.15 – 8.55 |  | Tuesday 15.00 – 18.00 |  | | Wednesday 7.15 – 8.55 |  | Wednesday 15.00 – 18.00 |  | | Thursday 7.15 – 8.55 |  | Thursday 15.00 – 18.00 |  | | Friday 7.15 – 8.55 |  | Friday 15.00 – 18.00 |  | | | | | |
| Parent 1 Detail | | | | |
| Names |  | | | |
| Full 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 |  | | | |

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| **Emergency Person Detail** |

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| --- | --- | --- | --- |
| Names |  | | |
| Address |  | | |
| Relationship To Child |  | | |
| Mobile Phone |  | Work Phone |  |
| Email |  | | |

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| **Background Information:**  Please list below the child’s sibling(s), if any and other adult(s) living with child and their relationship to the child e.g grandparents.  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Child’s Health Questionaire**  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 any medical condition, please list below or none: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any:

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|  |

Allergies:

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

Asthma:

Does your child require:

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

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Any Disability/Medical Condition:

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Any special dietary needs:

**Medical contacts and permission:**

OFSTED requires us to have a written permission for staff to obtain advice or treatment for your child. This will obtain only if we are unable to contact you or any of your emergency contact person(s) that you have provided.

I give permission for staff to obtain emergency advice/treatment for my child, name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Carer’s Name and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctors Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgery Name & Full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgery Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

We may sometimes take pictures and videos of children playing and learning in our setting to put on the setting board, child’s journals, and post this only on our website and Facebook page (child face can be blurred to hide facial identity if preferred).

And sometimes we take the children outside in small groups to play, to library, or to do activities relating to the season of the year.

Please tick the boxes below if we can or cannot take your child’s pictures and video while at our setting as explained above and give us permission to take or not take your child outside as described above and to use setting IT for learning.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| My child can go outside for outdoor play and learning as describes above. |  |  |
| My-STS can include my child in pictures/video and blur faces when using them on My-STS website and Facebook page. |  |  |
| I permit my child to use IT as deem necessary for my child’s age, learning and development |  |  |

**Consent/Agreed by:**

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

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 between 4 to 6 pm on Mon - Fri, at Unit 4A Billing Garden Village, The Causeway, Gt Billing, Northampton NN3 9EX**

**PARENT(S)/CARER AGREEMENT**

**Terms and Conditions**

*(By booking, you agreed to have read the following Terms and Conditions, please keep a copy of this agreement for your reference)*

* Please read and adhere to all our childcare policies and procedures.
* Children to be dropped and picked up only by an authorised person known to us, staff members at My-STS Wonderland Daycare. No other person will be allowed to pick the child without prior authorisation to My-STS Daycare management by the parent or carer.
* Parent’s consent is required for our staff to take child/children to and from schools, to take them outside the setting to places like the playgrounds, park, etc.
* Full payments are required before the child’s commencement at the club. Invoice will be sent to parents/carers for a monthly payment in advance on the 7th of the preceding month, payments must be made on receipt of invoice or within 14 days from the issued date, otherwise a £25 late payment charge will be applied five days after which must be paid.
* Let us know as early as possible if your child will not be attending the facility, **please note that there is no refund for not attending on any reason**, except where the daycare closes for reason beyond our control.
* Short bookings are welcome subject to availability.
* A month’s notice is required for all cancellations.
* We close at 6 pm exactly, children must be collected promptly to avoid charges. We give free 15 minutes grace to pick up your child up to 6.15 pm at the latest with no extra charge. If a child is not collected at 6.15 pm, a late collection fee of £5 will be charged every 5 minutes up till the child is collected. We would not like to apply these additional charges, this is why we give extra 15 minutes, so please collect your child on time to avoid extra charges. Please contact us as soon as you know that you’re running late.
* Please inform us if your child is unwell but strong enough to attend school so that we can keep an eye on your child.
* We expect good behaviour from all children and we will support children’s good behaviour. Any significant behaviour incident will be recorded and reported to the parent. And where the child’s behaviour does not improve despite the best efforts of the staff and parents, the management reserve the right to withdraw the child from the club.
* Please ensure we have your contact details and emergency contact details and keep us updated with any changes to your contact details.
* We provide food and drinks all through their stay, so please lets us know before your child start with us, if your child has any food allergies or any special dietary or eating habit, e.g fussy eater.
* Let us know if your child has other health conditions, disabilities, or other condition, so that we can provide care that is tailored to each child’s needs.
* In addition to their school uniform, children should put on outfits appropriate for the weather condition of each season, for example, a coat during the rainy season, a winter jacket/coat when it’s snowing and a sun hat during summer, etc.

**Parent(s) Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**