

Hockley Heath Academy

Childcare Booking Form

Name of child..... Date of Birth.....

Address.....

Contact numbers.....

Start date.....

I wish my child to attend on the following days at the following times and agreed to pay the fees as outlined. Please tick the required boxes.

Before School

	From 7:45am (£4.00/day)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Nursery Wraparound

	Lunchtime (11:50am – 1:00pm) £5:00/day	Afternoon (11:50 – 3:00pm) £12:50/day
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

After School

	End of school to 4.30 pm (£6.00/day)	End of school to 6.00pm (£ 10.75/day)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Note: a penalty fee of £5 per quarter-hour will be charged for late collections after 6pm.

I accept the above terms and conditions

Parents' signature.....

Date.....

Admissions Form

Child's Full Name:

Date of Birth:

Gender:

Ethnicity:

Religion (if any):

Child's First Language:

Home Address:

Home Telephone Number:

Mobile Number:

Parent / Carer Contact Details

	Parent / Carer 1	Parent / Carer 2
Names of Parents/Carers:		
Relation to child		
Parents/Carers Place of Work		
Parents/Carers Work Telephone Number:		

Other Emergency Contact Details

(Please provide at least two):

	Emergency Contact 1	Emergency Contact 2
Names of Emergency Contact:		
Contact Telephone Number:		

Names of Persons Authorised to collect your child (including contact numbers):

1. _____

2. _____

Password on collection: _____

Doctor's Name:

Doctor's Address/Telephone Number:

Details of any Significant Health Issues (including a special educational needs and/or physical disabilities statement):

Details of any Special Dietary Requirements, Allergies and Significant Food and Drink Preferences:

Record of Immunisations (including dates):

Do you consent for members of staff at the Club to apply sun cream to your child in hot conditions?

Yes / No

Any other relevant information:

In the event that your child is involved in a serious incident while at the club, the manager, or a delegated member of staff, will contact you immediately on the provided contact number(s). If your child requires immediate medical treatment before you can reach them, do you authorise the manager, or a delegated member of staff, to consent to emergency medical treatment on your behalf?

Yes / No

(Note: This authorisation will remain valid unless you contact the manager to withdraw it.)

I hereby consent for my child to take up a place at this club.

I understand that persistent late or non-payment of fees will jeopardise my child's continued attendance at the club.

I confirm that the information given above is correct, and I promise to contact the manager as soon as any of the details change.

Signature of Parent/Carer:

Date:

If you have any questions or comments please contact the office.