

Child and Parent/Guardian Information

Child Name **Girl/Boy** **Age(s)** **Date Of Birth**

Using the calendar, please circle the days you require childcare.

Please note that the Club is closed on national holidays, weekends and in the school holidays.

Monday	Tuesday	Wednesday	Thursday	Friday
Full day	Full day	Full day	Full day	Full day
Morning	Morning	Morning	Morning	Morning

Number of days required per week

Please insert the date from which you wish for childcare to commence:

Parent/ Guardians

(Please name and list contact details for all adults who have legal guardianship of the child)

Addresses

(Please list contact details for all adults who have legal guardianship of the child)

Contact Telephone Numbers

(Please list contact details for all adults who have legal guardianship of the child)

Home:

Mobile:

Work:

Contact Email(s)

Parent/Guardian's place of work

Parent/Guardian's place of work

Name of any persons collecting child from the Pre-School

Emergency contact (please supply an additional contact incase parent/guardian is uncontactable. This should not be parents/legal guardians)

Name Relationship to child

Address

Telephone number

Any Addition Information (if applicable)

Illness and Medical Information

Registered Doctor's Name for child

Registered Doctor's Surgery Address for child

Registered Doctor's Surgery Telephone Number for child

Child's NHS Number:

Any Special Needs/ Requirements (if any)

Eg: Physical/ Dietary/ Medical (eg: allergies, medical conditions)

Is your child currently receiving/taking any medication?

If so, please specify below or state 'NONE':

If your child requires any medication to be administered, during their time at the Pre-School, staff will only administer specified medicine and dosages, if written consent is given by parents. Please complete an 'Administering Medication' Form with the Go Bananas Pre-School Manager, Angela Taylor if this is applicable to your child.

Do you give permission for-

Cold compress (if needed) Yes No

Plasters Yes No

Please note that we will be unable to care for your child if he/she is unwell. However if the child becomes ill whilst in our care we need to be able to contact you or another designated person easily and someone must be able to collect the sick child as soon as possible. Pre-School staff will use the parent/guardian and emergency contact information, as provided by you in this form to do this.

Any other relevant medical information (ie: Allergies, family medical history etc):

I confirm that by completing this enrolment form that I have legal responsibility and guardianship for the child stated and have correctly listed the information for all adults, with whom I share this responsibility.

I consent to my child to play in the *Go Bananas* play centre, alongside the general public. I understand that a Pre-School staff member will be on hand at all times.

I confirm all fields are complete and correct, to the best of my knowledge.

I give permission for my child to attend *Go Bananas* Pre-School on the days specified. I understand that advertised activities/menus may change due to circumstances beyond our control.

I have read and understood the information provided on this application form and the *Go Bananas* Pre-School Policies and Procedures document.

I consent to a home visit from a member of the *Go Bananas* Pre-School team prior to commencement of childcare.

I will adhere to the conditions stated and to the rules of the *Go Bananas* Pre-School.

I understand and agree that in the rare event of my child being involved in a serious incident while at the club, I expect the Manager, or a delegated member of staff, to contact me immediately on the above emergency contact number(s).

I understand and agree that in the rare event that my child requires immediate medical treatment before I will be able to get to the Hospital, I hereby authorise the Manager, or a delegated member of staff, to consent to emergency medical treatment on my behalf.

I understand that this parental/guardian authorisation will remain valid unless I contact the Manager in writing to withdraw it.

Signed: Print:

Date: