

# Sunnyvale out of school care

## Enrolment Form

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This enrolment form is for (tick as appropriate):

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

### Child

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_\_ Gender M/F

### Contact 1

Name \_\_\_\_\_

Address \_\_\_\_\_

Hm Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship to child \_\_\_\_\_

### Contact 2

Name \_\_\_\_\_

Address \_\_\_\_\_

Hm Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship to child \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to child \_\_\_\_\_ Hm Ph \_\_\_\_\_ Wk Ph \_\_\_\_\_

**Medical Information**

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Please record details of any specific healthcare needs, including allergies and any medications required. If your child is on regular medication that you need us to administer, please fill in the separate medication consent form.

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**List of people authorised to pick your child up.**

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**Any other information we need to know:**

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## The small print

Please read through these terms and conditions and sign at the bottom:

### Children

Management reserves the right to seek professional guidelines in cases of suspected child abuse

We encourage parents to keep in close contact to discuss their child's progress and any concerns they might have.

The owners are available to discuss any issues you may have that can't be resolved by our staff

You agree to give us all the necessary details to help in providing for the care and education of your children.

### Leave/Sickness

You give permission for your child to be given basic first aid if required

If your child becomes unwell you will be notified immediately should you need to collect them.

You give permission for your child to be taken to an alternative emergency location eg: a Civil Defence centre in the event of an emergency

You agree to notify us as early as possible if your child is going to be absent

You agree to let us know about any changes in contact details. We need these in case of emergency.

### Fees

For those that wish to retain a regular booking payment is required 2 weeks in advance. Shorter-term payments may be arranged by automatic payments directly to our bank account. NO refunds are given for absences and all public holidays are charged at the applicable rate for bookings normally required that day.

**I have read and agree to be bound by the above terms and conditions. I have attached the first two weeks payment and I understand that any outstanding fees may be sent to a debt collection agency who may charge further collection fees, which I will also be liable for.**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Medication consent form

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Childs Name:.....

Medication	Times Required				

This medication will be required for \_\_\_\_\_ Days/is on-going until otherwise advised (delete as applicable)

Please note, prescription medication will only be administered from the original packaging to the child who's name is on the label.

Parent Signature.....Date.....