# lodge

# Enrolment Form

## Your child

|  |  |
| --- | --- |
| Name of child |  |
| Preferred name |  |
| Childs date of birth |  |
| Address (including postcode) |  |
| Collection Password |  |

## Parent 1

|  |  |
| --- | --- |
| Name |  |
| Address (including postcode) |  |
| Work |  |
| Home |  |
| Mobile |  |
| Email |  |
| Parental Responsibility | Yes  No |

## Parent 2

|  |  |
| --- | --- |
| Name |  |
| Address (including postcode) |  |
| Work |  |
| Home |  |
| Mobile |  |
| Email |  |
| Parental Responsibility | Yes  No |

**Olivers Lodge Limited:** Tallards, High Street, Newport, Saffron Walden, Essex, CB11 3PQ

**Telephone** 01799 540709 **Email me** info@olivers-lodge.co.uk

Registered in England No. 04544711 Registered office as above

## Guardian/Carer (if applicable)

|  |  |
| --- | --- |
| Name |  |
| Address (including postcode) |  |
| Work |  |
| Home |  |
| Mobile |  |
| Email |  |
| Parental Responsibility | Yes  No |

## Emergency contact

|  |  |
| --- | --- |
| Name |  |
| Address (including postcode) |  |
| Work |  |
| Home |  |
| Mobile |  |
| Email |  |

### Medical Information

Details of professionals involved in your child’s care

## Doctor

|  |  |
| --- | --- |
| Name |  |
| Address (including postcode) |  |
| Telephone number |  |

**Social Worker (If applicable)**

|  |  |
| --- | --- |
| Name |  |
| Address (including postcode) |  |
| Telephone number |  |

**Health Visitor (If applicable)**

|  |  |
| --- | --- |
| Name |  |
| Address (including postcode) |  |
| Telephone number |  |

**Any other professionals involved in your child’s care**

|  |  |
| --- | --- |
| Name |  |
| Address (including postcode) |  |
| Telephone number |  |

|  |  |
| --- | --- |
| Is your child allergic to any form of medication? If yes, please give details | Yes  No |
| Is your child allergic to any foods? If yes, please give details | Yes  No |

|  |  |
| --- | --- |
| Is there anything we should know about your child's medical condition? If yes, please give details | Yes  No |
| Should your child require emergency treatment and/or advice, do you give your consent? | Yes  No |
| Can your child use hypoallergenic plasters? | Yes  No |
| Which Language is spoken at home?  If English is not your child’s first language will this be your child’s first experience in an English speaking environment? |  |

**Individual Care Plan**

|  |
| --- |
| **Should your child have any specific or individual needs; medical or not. Please make notes on how you would like us to meet the needs for your child.** |
|  |

## Home Time

## Name and address of people authorised to collect your child\*

|  |  |
| --- | --- |
| Name |  |
| Address (including postcode) |  |
| Telephone number |  |

|  |  |
| --- | --- |
| Name |  |
| Address (including postcode) |  |
| Telephone number |  |

|  |  |
| --- | --- |
| Name |  |
| Address (including postcode) |  |
| Telephone number |  |

## Name and address of people NOT authorised to collect your child/children\*

|  |  |
| --- | --- |
| Name |  |
| Address (including postcode) |  |
| Telephone number |  |

|  |  |
| --- | --- |
| Name |  |
| Address (including postcode) |  |
| Telephone number |  |

|  |  |
| --- | --- |
| Name |  |
| Address (including postcode) |  |
| Telephone number |  |

## Medication

Do hereby give any of the staff within Olivers Lodge, with a suitability check, of the above named child, my permission to administer medication listed below (previously agreed with the parent/guardian).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Medicine | Dosage | Time of last dosage | Time taken | Staff Signature | Parent Signature |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## Permissions

Do hereby give any member of Olivers Lodge with a suitability check permission for the following outlined below:

|  |  |  |
| --- | --- | --- |
| Yes | No |  |
|  |  | Permission to use their car; reasons for use of staff cars may be to collect children from school and emergency usage. |
|  |  | Permission in an emergency to seek urgent medical attention should the need arise, including a trip to hospital. |
|  |  | Permission to take photographs of my child. |
|  |  | Permission for the photos to be uploaded on FaceBook. |
|  |  | Permission for any photos taken to be published in the local newspapers. |
|  |  | Permission to use the mini bus/or car, for outings or emergency treatment. |
|  |  | Permission for children to move between Olivers Lodge registered provisions. |
|  |  | Head Lice: I agree to adhere to the policies regarding head lice within Olivers Lodge. |
|  |  | Use face paints. |
|  |  | Permission to use photographs of your child on the Olivers Lodge web site |
|  |  | Helping to apply sun cream |
|  |  | Hugs |
|  |  | Nuts (traces and/or derivatives of) |
|  |  | Permission for my child’s name to be displayed within the setting i.e coat pegs, birthday wall |
|  |  | Permission for Oliver’s Lodge to use mine and my child’s details to apply for funding on the secure government website |
|  |  | Permission for Olivers Lodge to use my child’s details and pictures on secure forums such as tapestry to track learning and development where applicable |
|  |  | Permission for Olivers Lodge to keep my child’s details on a secure password protected server as well as locked in a secure cabinet on site |
|  |  | Permission for Olivers Lodge to share my child’s details with other health professionals i.e speech and language, Area SENCO |

## Terms and Conditions

|  |
| --- |
| If my child is not attending, I need to ring the main number to inform Olivers Lodge of none attendance. 01799 540709. |
| A month’s written notice to hannah@olivers-lodge.co.uk is required to cancel your child’s place in Olivers Lodge. |
| Payments for afterschool and breakfast clubs need to be made by Standing Order on or just after the 1st of the month.  Account name: Olivers Lodge  Account number: 17510384 Sort Code: 60 24 77 |
| There are no refunds for cancelled sessions. |
| There are no refunds if your child is booked on a regular basis and attends a residential trip with school. |
| There are no refunds if the school closes and as a result we cannot open (eg: snow days and other adverse weather conditions). |
| Holiday schemes are paid for in full, prior to the scheme starting. |
| A late payment charge will be invoiced if the payment is later than the 5th of the month. |
| Over payment via vouchers will not be refunded. |
| There are no refunds less than 30 days before a holiday scheme is due to start. This is due to the fact the staff will all have been allocated their rota based on numbers and ratios; hence they will expect to be paid. |
| I understand prices will be reviewed and increased at the start of every school year. |
| I understand that if I fail to pay the fees, I am putting my child’s place and it may be withdrawn. |
| I understand if I am up to 15 minutes late collecting my child/ren, there will be a £5.00 late payment fee, thereafter the fee increases be an additional £5.00 per five minutes. |
| Olivers Lodge is not responsible for any of the child’s personal possessions or valuables while they attend the club. |
| It is your responsibility to keep us updates with any changes to the information supplied above. |

I have read and understood all the above.

|  |  |
| --- | --- |
| Signature (type name or import signature) |  |
| Print name |  |
| Relationship to the child |  |
| Date |  |