

Little Treasures Registration Form

Is your child allergic to anything? YES/NO

If yes.....

Is your child on regular medication? YES/NO

If yes

May we give your child Calpol if needed? YES/NO

Child's Nationality:.....

Child's ethnic background:

Language most commonly spoken at home:.....

Please tick the days and sessions you wish your child to attend

Date you would like your child to start:

Any other information.....

.....

Please sign below to confirm that you have read and accepted the terms and conditions as outlined in the Admissions Booklet.

Signed:..... Date:.....

OFFICE USE ONLY

Permission given:

Trips	Sun Cream	Photos	Reg. fee paid
			Medical Aid

Little Treasures Registration Form

Breakfast Club and After Schools

Child's Name(s)..... Surname.

Child's Date of Birth.....

Parents/Guardian names (Title).....

(Title).....

Home Address.....

.....Postcode:.....

e-mail:.....

Home Tel. No:.....

Mum's Work Tel. No:.....Mobile.....

Dad's Work Tel. No:Mobile.....

Please give 2 alternative contacts who would be willing to collect your child in case of illness/accident:

.....Tel No:.....

..... Tel No:.....

Child's Doctor:Tel No:.....

Address:.....

School Attended.....

Class teacher.....Class.

Does your child have any dietary requirements? YES/NO

If yes:

Are there any foods or drinks you do not wish your child to have?
YES/NO

If yes.....

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Breakfast Club and After Schools**

FEE PAYMENT AGREEMENT

Fees are payable monthly in advance on the 5th of each month unless prior arrangements have been made to pay fees weekly in advance. Our preferred method of payment is by Direct Debit.

Cheques can be made payable to: **Little Treasures**
If fees remain unpaid on the 10th of the month, your child will not be able to attend until your fees have been paid.

If your child should leave Little Treasures we require a minimum of four weeks notice.

If I cannot give four weeks notice, I agree to pay the equivalent of four weeks fees in lieu.

Signed:..... Date:.....

Please give a password for the purpose of confidentiality
.....

Childs Name.....

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PARENTAL PERMISSION

May we take your child out on local spontaneous trips to the shops, park or library. Your signature is taken as authorisation for these trips.

Signed:..... Date:.....

Please would you sign to give permission for us to apply sun-cream to your child whilst in our care.

Signed:..... Date:.....

Please would you sign to give permission for us to take photos of your child taking part in activities for displays etc. Separate permission will be asked for if students or other organizations wish to take photos.

Signed:.....Date:.....

Please would you sign to give permission for us to administer first aid or seek medical advice in the event of an accident or emergency.

Signed:.....Date:.....