

Bright Sparks Admission Form

Childs Details

Surname Forename

.....

Date of Birth Class

.....

Please indicate which sessions and days you would like to book:

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club					
After School Club					

Name of Parent Name of Parent

.....

Home Address Home Address

.....

.....

.....

.....

.....

Home Telephone Home Telephone

.....

Mobile.....

Mobile.....

Work Number..... Work

Number.....

Who has parental responsibility for your child?

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Does anybody not have legal access to your child? e.g. residence order, contact order, injunctions etc

.....

In an emergency if we cannot get hold of you who shall we contact:

..... phone number

.....

..... phone number

.....

..... phone number

.....

Name of adults authorised to collect your child other than yourself

..... relationship to child

.....

..... relationship to child

.....

..... relationship to child

.....

..... relationship to child

.....

Passwordto be used if someone other than named persons collecting child

Medical Details

Doctors Name

Doctors

Address.....

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.....
.....

Doctors Phone Number

Does your child have any medical concerns we need to be aware of?

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.....

Does your child have any dietary needs we need to be aware of?

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What is your child's first language (spoken at home)?

.....

What is your child's religion?

.....

Consent

- I give permission for photographs to be taken of my child YES
NO

- I agree for my child to be included in local visits (park/prom etc.) YES
NO
- I give permission for emergency first aid to be administered to my child YES
NO
- Is your child allergic to plasters? YES
NO
- I agree that in the event of an emergency, if I am not immediately contactable or able to reach Bright Sparks, staff may accompany my child to hospital in an ambulance.

I understand that if the Medical Professionals deem it necessary to give or to not give medical treatment they are responsible for the outcome.

I understand that the role of Bright Sparks staff is only to provide comfort and security to my child until I arrive. The member of staff will give permission for whatever emergency treatment the Medical Professionals deem necessary, unless otherwise instructed by me. The member of staff nor Bright Sparks cannot be held responsible for the decisions made by Medical Professionals or their outcome, effect etc.

I understand and agree with the above statement YES NO Signed

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- **I understand that my place in Bright Sparks will be terminated if fees are unpaid and the account may be passed to a Debt Collecting Agency** YES
NO
- **I understand I must pay even if my child is absent/on holiday/doesn't attend** YES NO

Is there any other information you would like to tell us?

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I agree that all of the above information is correct

Signed Parent/carer

Date

Childs Name