



Please complete this form carefully so that we may offer your child the best possible care and play experience

Child's full name:
Name known as:
Date of Birth:
Gender: *(Male/Female)*
School Attending:
School Year & Class:

Attach a most recent photograph of your child here.

Name of parent(s) with whom child lives:

Parent 1 Name: **Relationship to Child:**

Emergency daytime contact telephone number:

Does this parent have parental responsibility: *Please delete appropriately* **Yes** **No**

Parent 2 Name: **Relationship to Child:**

Emergency daytime contact telephone number:

Does this parent have parental responsibility: *Please delete appropriately* **Yes** **No**

Address:

Telephone: **Mobile:** **Email:**

Name of any other parent with whom the child does not live:

Parent's Name: **Relationship to Child:**

Emergency daytime contact telephone number:

Does this parent have parental responsibility: *Please delete appropriately* **Yes** **No**

Address:

Telephone: **Mobile:** **Email:**

Does this parent have legal access to the child: *Please delete appropriately* **Yes** **No**

Other emergency contact details: *Must be over 18 years of age*

Name: **Relationship to child:**

Telephone: **Mobile:**

Name: **Relationship to child:**

Telephone: **Mobile:**

Personal health details of child:

Child's GP Name: **GP's Telephone number:**

Surgery Address:

Health & Medical requirements: *Any health conditions, medical requirements, disabilities, behaviours or impairments*

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.....
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Allergies:

.....
.....

Other professionals who have contact with your child:

Name: **Professional Role:**

Contact number: **Email Address:**

I give permission for Xtra Time staff to contact the named professional above for advice and support for my child:

Signed: **Parent/Carer's name:**

Whilst every attempt will be made to contact you or your emergency contact in the event of a medical emergency, if we are unsuccessful your permission is required to take any appropriate action, including taking the child to hospital to receive the appropriate treatment

Signed: **Parent/Carer's name:**

Does your child have any special dietary needs or preferences?

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What, if any is the main religion in your family?

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What is your child's 1st language?

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Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated whilst he/she is in our setting?

.....
Will your child require any special support whilst in our setting? For example: Communication, toileting, mobility etc. Please share any strategies or methods that have proven effective...

.....
I give permission for routine observations and assessments to be carried out by Xtra Time staff in line with EYFS Requirements, and to share information with the school as appropriate. This includes taking photographs

Yes No

Signed: Parent/Carer's name:

I give permission for Xtra Time staff to take photographs of my child which will only be used for recording events at Xtra Time Kidz Club

Yes No

Signed: Parent/Carer's name:

I give permission for Xtra Time staff to escort my child/children between the school premises and Xtra Time Kidz Club in line with the Xtra Time's collection policy

Signed: Parent/Carer's name:

I give permission for Xtra Time staff to apply sunscreen to my child in hot conditions?

Yes No

Signed: Parent/Carer's name:

I give permission for Xtra Time staff to apply plaster(s) to my child, in the instance where my child has an open wound?

Yes No

Signed: Parent/Carer's name:

I give permission for my child's photo being used in displays for Xtra Time Kidz Club's provision and any media that is linked with Xtra Time?

Yes No

Signed: Parent/Carer's name:

AGREEMENT:

As the parent/guardian of the child named above I confirm the information I have given is correct to the best of my knowledge. I consent to Xtra Time Kidz Club taking my child/children onto the field, playground, astroturf and in and around the Xtra Time Kidz Club site. I understand that I am committing to a minimum of half a term and that I will give two weeks notice of my intention to withdraw my child from any sessions. I agree to pay in full 10 days into each new term for sessions my child attends during the forthcoming school term. I understand that no credit will be given for sessions not taken due to illness, holiday or other occasions. It is my responsibility to inform Xtra Time Kidz Club of any changes to the information provided above for my child immediately.

Parent/Carers Full Name:

Signed: Date: