

CRAZY 4 KIDS ADMISSION FORM – EARLY YEARS



Name of Child:		Name they like to be known by:	Gender:- Male / Female
Date of Birth:	Siblings attending the club:		Funded Place Yes / No
Name of the Parent or Carer who has Parental Responsibility:			
Relationship to the child:			
Child's Permanent Place of Residency (i.e. Home address including postcode.)			
Contact Telephone: <i>Please circle the number we can contact you on whilst your child is with us</i>			
Home Phone Number			
Name & Relationship to child	Mobile Number (personal)	Mobile Number (work)	
Email Address for all correspondence & invoicing			
Please give the details of the person or people who will be dropping off and picking up your child on a regular basis:			
PASSWORD: <input style="width: 500px;" type="text"/>			
Name & Relationship to Child	Contact Number		
<i>We will require written notification and a password if the child is going to be picked up by anyone other than the person/s named here; we will not release the child unless we are notified of any change.</i>			
GP Contact Details:		Health Visitor	
Name:		Name:	
Address:		Surgery Address:	
Telephone:		Telephone:	
Do you receive any support from other agencies / professionals?			YES / NO
If yes, Please provide full details below.			
Name	Contact details	Support being provided	Permission to contact
			YES / NO
			YES / NO
Do you agree to Crazy 4 Kids where appropriate, liaising with internal and external agencies / professionals, i.e. Child's School / Teacher in order to ensure continuity of care? Yes / No			
Will you be applying for help with your childcare fees via Working Tax Credit (Childcare Element) Yes / No			

Emergency Medical Treatment: In an emergency we will first and foremost try to contact the Parents/Carers before seeking any medical assistance. However, if we cannot contact you and need to act quickly; we request authority to seek medical advice/treatment for your child whilst in our care. By signing below, you give the setting and its' staff permission to access emergency medical treatment for your child.	
Print Name:	Relationship to Child:
Signed:	Date:
Previous Childcare Provision Attended: Are you happy for us to contact your child's previous / current childcare provider to obtain Learning & Development Information from them? YES / NO (Please delete as appropriate)	
Childcare Provider:	Contact:
Ethnic Origin:	Dietary Requirements:
Religious or Cultural Needs:	
Physical Needs:	Medical Needs: Long term medical conditions please complete a full Medical Form.
Medication Taken: Separate Medication form required	Allergies: (Include any treatment or medication needed) For severe allergies please also complete a full Medical Form.

Please State Sessions Required – see pricing schedule for session information.

Monday	Tuesday	Wednesday	Thursday	Friday
Required Start Date:				

Non-funded children only:
 A £25 non-refundable Registration Fee is required to reserve a place for your child. Please make cheques payable to Crazy 4 Kids Limited and send with this application form.

I agree to abide by Crazy 4 Kids' Policies and Procedures and understand that I will be required to sign a 'hard' copy of the Parental Contract (Terms & Conditions) on the first day of attendance and this will be stored with my child's admission form.

Print Name:	Relationship to Child:
Signed:	Date:

The information contained within this form will be held in the strictest confidence and within the guidance of the Data Protection Act. The information will be stored in a secure area within the child's file and can be viewed by those with Parental Responsibility for the child upon request.

Please return the completed Admissions Form to your chosen Crazy 4 Kids setting. See website for setting address.