

SCHOOL'S OUT**ALL ABOUT ME!****(form to be filled in by the registered child, with help as necessary!)**

Name _____ DOB _____ Club _____

I have a friend who attends School's Out	YES/ NO	Name	
My favourite food is			
Foods I dislike are			
I am allergic to			
My favourite game is			
My favourite TV programme is			
My favourite story character is			
I have a pet	YES /NO	Name	
		Name	
My school is		My teacher's name is	
I am in Year			
I like to play with			
I am frightened of			
I have brother(s) and / or sister(s)	YES/ NO	Name	D.O.B.
		Name	D.O.B.
My favourite sport is			
My favourite team is			
I should do homework at School's Out	YES /NO	If yes, how much? Please give detailed instructions.	
Please tell us more about you:			
Child's Signature		Parent's Signature	

SCHOOL'S OUT PARENT CONSENT FORM**Child's full name** _____

The following adults have legal parental responsibility for the above named child:

Adult name: _____ **Relationship:** _____**Adult name:** _____ **Relationship:** _____*(please print names clearly)*

I give consent for my child's photograph to be taken/displayed at nursery. Please note that digital photos are stored on hard drive in a secure office and paper used in planning files YES / NO

I give consent for my child's photograph to be used in published magazine/newspaper articles and/or nursery literature YES / NO

I give consent to my child's work being displayed in nursery YES / NO

I give consent to my child being videoed at nursery and these are always kept within the setting YES / NO

I give consent to my child's work being displayed in local establishments i.e. the library YES / NO

I give consent to my child's work being labelled with their name YES / NO

I give consent for my child to have party food on special occasions (times notified by newsletter/notice board) such as chocolate or crisps YES / NO

I give consent to my child being transported to hospital in an emergency. It is Elmscot's policy to always try to contact the child's parent / carer at the time YES / NO

I give consent to my child receiving emergency treatment in hospital YES / NO

I give consent to my child being seen by a health visitor. If necessary i.e. to carry out your child's regular check ups YES / NO

I give consent to my child being given Calpol if necessary. I understand that I will need to confirm this request when a member of the nursery team contacts me by telephone before doing so. YES / NO

I give consent to my child going out on local visits and understand that this will be in line with the nursery outings policy. YES / NO

I give consent for the First Aiders at Elmscot to use plasters and alcohol-free antiseptic wipes on my child if necessary YES / NO

I give consent for Elmscot to provide formula milk (if appropriate) in an emergency YES / NO

I understand that the daily menus are on display in the hallway and I must inform the Elmscot team if I do not want my child to eat what is on offer YES / NO

I understand that the daily activity plans are on display in each playroom and I must inform the Elmscot team if I do not want my child to take part YES / NO

APS ONLY: I give consent for my child to be transported from the Marlborough Rd site to the Highbury site when necessary and understand that my child will always be accompanied by a member of the School's Out team, with transport provided by an external taxi provider. YES / NO**Comments/Additional Information:**

Signed (parent / carer with legal parental responsibility for the above named child):_____ **Date** _____

SCHOOL'S OUT SUN CREAM CONSENT FORM

Child's full name _____

All parents please note that we can only apply cream to Nursery and Infant children. We ask that parents of older children apply a 24hr high factor sun cream for their child before they come to School's Out and the children can bring and re-apply their own cream under supervision. We apologise for this but it can take too long for us to apply cream to all children at Club throughout the day.

Please also supply a hat in hot weather; warm hat/gloves etc in cold weather, for outdoor play.

PRESCHOOL/INFANT CHILDREN ONLY: I give consent for the staff team to apply the following make of sun cream which I have provided. This cream has been used previously on my child and does not trigger an allergic reaction and the bottle is suitably labelled with my child's name. It should be applied as specified below.	
Sun cream:	The factor of this cream is:
1. The sun cream is to be applied once a day before the first outdoor play session or	
2. The sun cream is to be applied before every outdoor play session or	
3. Other:	
ALL PARENTS: Please tick the statement that applies to you:	
1. PRESCHOOL/INFANT PARENTS ONLY: I understand that, having signed this statement, should I not provide the sun cream named above, my child may have to remain indoors in hot weather	
2. PRESCHOOL/INFANT PARENTS ONLY: I will be responsible for the application of sun cream during hot weather and I give permission for my child to play outdoors without further sun cream application by the School's Out team	
3. PARENT OF OLDER CHILD: I will be responsible for the application of sun cream during hot weather and I give permission for my child to play outdoors	
SIGNATURE OF PARENT/CARER (with legal parental responsibility for the above named child):	
DATE:	

Comments/Additional Information:

Signed (parent / carer with legal parental responsibility for the above named child):

Date

LETTER OF GUARANTEE

149 Stockport Road
Altrincham
Cheshire
WA15 7LT

Tel: 0161 980 0488

Fax: 0161 980 0499

Email: schoolsout@elmscot.co.uk
www.elmscot.co.uk



This letter should be signed by all persons paying School's Out fees and returned by the first day of attendance.

To whomever it may concern,

I/we (delete as appropriate) the undersigned, guarantee payment to School's Out of any outstanding amounts due in the respect of:

.....(name of child)

Such amounts will be due and payable in accordance with the Terms and Conditions (a copy of which has been issued and can be found in the Parents' Handbook and on the reverse of the Application Form) but in any event on demand by the said School's Out.

Guarantor 1:

Guarantor 2:

Signed.....

Signed.....

Name (PRINT).....

Name (PRINT).....

Date.....

Date.....

Payment of Fees Terms and Conditions

All fees must be paid by standing order unless by prior arrangement. Invoices will be issued half-termly in advance and may include any additional payment for extra sessions which will be due immediately. In the event of fees or other sums payable to School's Out being outstanding for more than 4 weeks from the date of invoice without a previous arrangement being made, you will receive written notice to withdraw your child from the Club. Such action will be at the discretion of the Directors.

Collection Consent Form

Name of Child:			
I give consent for my child to be collected from Nursery/School's Out by the following adults, including myself. The people named below understand that they must be aware of the password I have given to Nursery/School's Out and have been preferably introduced to Nursery/School's Out staff in advance.			
I understand I must complete a new Collection Consent Form if any of the arrangements below change.			
Name of adult collecting child:	(your name)	Relationship to child:	(your relationship)
Physical description	(your description)		
Name of adult collecting child:		Relationship to child:	
Physical description			
<i>Please delete as applicable:</i>			
1. This person is able to collect my child at any time without prior notification from myself OR			
2. I will always inform staff on the day if this person is collecting my child			
Name of adult collecting child:		Relationship to child:	
Physical description			
<i>Please delete as applicable:</i>			
1. This person is able to collect my child at any time without prior notification from myself OR			
2. I will always inform staff on the day if this person is collecting my child			
Name of adult collecting child:		Relationship to child:	
Physical description			
<i>Please delete as applicable:</i>			
1. This person is able to collect my child at any time without prior notification from myself OR			
2. I will always inform staff on the day if this person is collecting my child			
CONFIDENTIAL PASSWORD:			
SIGNATURE OF PARENT/CARER: <i>(must have legal parental responsibility)</i>			
DATE:			

PLEASE NOTE THAT IF YOU GIVE PERMISSION FOR SOMEONE TO COLLECT YOUR CHILD AT ANY TIME WITHOUT PRIOR NOTIFICATION, WE WILL ALWAYS ALLOW YOUR CHILD TO LEAVE WITH THIS PERSON IF THEY HAVE THE PASSWORD.

UNLESS CONSENT IS GIVEN ON THIS FORM, OR YOU HAVE OTHERWISE CONTACTED US TO GIVE CONSENT, WE WILL NOT RELEASE A CHILD FROM OUR CARE WITHOUT FIRST GAINING THIS CONSENT.