

Over the Rainbow Playschool Holbrook Community Centre Holbrook School Lane Horsham RH12 5PP 01403 210550/07827 372960

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CHILD INFORMATION FORM

Child's Name:		Gender: .	
(if applicable, preferre	ed name):	Date of Birth:	
Address:			
Tel. No.: Home			
Mother's details: e	mail address:		
Mother's full name:		Parent	al Responsibility:
Address (if different to cl	hild's):		
		Postcode:	
Tel. No.: Home		Mobile:	
Father's details:	email address:		
Father's full name:		Parent	al Responsibility:
Address (if different to cl	hild's):		
		Postcode:	
	respondence including invoi		
CAFFOUADDING	VOLID CUTI D. S.		
safeGUARDING collect your child:	YOUR CHILD - Please of	give details of other peop	ole who are authorized to
Name:		Tel No:	
Name:		Tel No:	
Name:		Tel No:	

ADDITIONAL GENERAL INFORMATION

Please give us any other information about your child, i.e. additional needs or allergies:					
MEDICAL INFORMATION					
Doctors Name: Surgery:					
Telephone No:					
Are your child's immunisations up to date? YES / NO					
Does your child take any regular medication? If yes, what medication and what is it for?					
Please initial next to the statements you agree with					
My child's photograph can be used for our Facebook Page, Website and displays					
I understand that Over the Rainbow will follow all safeguarding steps as set out by WSCC					
Over the Rainbow may discuss and share information about my child's learning and development or welfare needs with staff at Holbrook Primary School and any information will be kept confidential at Over the Rainbow					
Over the Rainbow staff can apply sun cream to my child if the weather warrants it.					
I will supply my own sun cream for my child to apply (Over the Rainbow staff may assist if needed)					
CANCELLATION AND FEES - PLEASE READ					
Once I have booked regular sessions, they will continue until I give written notice of cancunderstand that I still pay the fees even if my child is unable to attend due to sickness or taken during school term time. Over the Rainbow do not charge for school inset days, school bank holidays.	holidays				
I will pay my invoices on or by the due date published on the invoice. This is the first Frid month.	ay of each				
If I wish to cancel my child's place, I understand that I need to give four weeks written newll be no refund of any fee's paid if no notice is given.	otice. There				
Continued late payment of fees will result in your contract being terminated by Rainbow.	Over the				
I will ensure that my child is collected by 6.00pm Monday-Thursday and 5.45pm Friday a	t the latest.				
By signing this, I agree to accept all the Playschool terms and conditions. All terms and copublished.	onditions				
Signature: Name: Name:					
Date:					



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Over the Rainbow Contract for Breakfast and/or After School Club

(Please read, sign and return with Registration Form)

Child's Name:		 	 	 	
Parent/Carers N	ame:	 	 	 	

Obligation

- Over the Rainbow closes at 6.00pm. If I am going to be late collecting my child, I will contact the setting on 07827 372960.
- It is my responsibility to keep the setting up to date on any changes in circumstances new address, change in contact numbers, change to medical conditions etc.
- I will notify Over the Rainbow before 3pm if I will be collecting my child from school on a day that they are booked to attend. I understand that I will be charged for this session. I will notify Over the Rainbow AS SOON AS POSSIBLE if my child is not attending on a day they are booked to attend.
- I agree to pay my invoice by the due date shown. This is the first Friday of each month. If I don't, then a penalty charge of 10% of the outstanding amount will be added to my next invoice.
- If I fail to pay my invoices on time for 3 months, I understand that Over the Rainbow reserve the right to withdraw their services without notice.
- If I am consistently late collecting my child past the pick up time stated on the booking form, Over the Rainbow reserve the right to increase my booking to the next pick up time.

Behaviour & Safeguarding

- I understand that any unwanted behaviour towards staff will not be tolerated.
- I agree not to use my mobile phone or camera whilst at the setting.

Medical

- ↓ I understand my child will be treated by a qualified first aider should they become ill or have an accident whilst at the setting. If my child is taken ill and I am unavailable, a member of Over the Rainbow will sign any consent forms necessary for treatment on my behalf.
- ♣ I have informed the setting of any allergies or medical conditions my child has.

I have read and understood the above terms and conditions and I agree to abide by them.

Signed:	Date:
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Breakfast and After School Club

Αt

Over the Rainbow Holbrook Community Centre

Child's Name:		DOB:	
Class Teacher/Year:			
I would like to book a	place on the following	days every week, start	ing on/20/
	Breakfast Club @ £5.50 per session	After School Club @ £14.00 (until 5pm)/£15.00 (until 5.30pm)/£15.50 (until 5.45pm)/£16.00 (until 6.00pm) per session (please indicate pick up time - 5.00/5.30/5.45/6.00	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
5 and 6 only) One form per child.	(please tick box)	Over the Rainbow from	m school by themselves. (Years
Signed:		D	ate: