

# Booking Form Summer 2010

One form must be completed for each child. Please take it to the site you use. Tick the boxes below to tell us when you are coming.

Site I'm attending (please circle)

**Kings Avenue Primary**

**Knights Youth Centre**

WEEK ONE	Hours	Rate £	Mon 26 July	Tues 27 July	Wed 28 July	Thurs 29 July	Fri 30 July	Total Due £
Breakfast Club & Playscheme	8.00 am – 3.30pm	18.60						
Playscheme	9.30 am – 3.30 pm	12.60						
Playscheme & Late stay	9.30am – 6.00 pm	19.60						
Whole Day Childcare	8.00 am – 6.00 pm	25.60						
Subsidised Playscheme	9.30am – 3.30pm	5.00						
Staff fee	Any (on site)	Half Price						
Volunteer	Any (on site)	Free						
BREAKOUT	All day	3.50						
<b>WEEK ONE TOTAL</b>								

WEEK TWO	Hours	Rate £	Mon 2 Aug	Tues 3 Aug	Wed 4 Aug	Thurs 5 Aug	Fri 6 Aug	Total Due £
Breakfast Club & Playscheme	8.00 am – 3.30pm	18.60						
Playscheme	9.30 am – 3.30 pm	12.60						
Playscheme & Late stay	9.30am – 6.00 pm	19.60						
Whole Day Childcare	8.00 am – 6.00 pm	25.60						
Subsidised Playscheme	9.30am – 3.30pm	5.00						
Staff fee	Any (on site)	Half Price						
Volunteer	Any (on site)	Free						
BREAKOUT	All day	3.50						
<b>WEEK TWO TOTAL</b>								

WEEK THREE	Hours	Rate £	Mon 9 Aug	Tues 10 Aug	Wed 11 Aug	Thurs 12 Aug	Fri 13 Aug	Total Due £
Breakfast Club & Playscheme	8.00 am – 3.30 am	18.60						
Playscheme	9.30 am – 3.30 pm	12.60						
Playscheme & Late stay	9.30 pm – 6.00 pm	19.60						
Whole Day Childcare	8.00 am – 6.00 pm	25.60						
Subsidised Playscheme	9.30am – 3.30pm	5.00						
Staff fee	Any (on site)	Half Price						
Volunteer	Any (on site)	Free						
BREAKOUT	All day	3.50						
<b>WEEK THREE TOTAL</b>								

WEEK FOUR	Hours	Rate £	Mon 16 Aug	Tues 17 Aug	Wed 18 Aug	Thurs 19 Aug	Fri 20 Aug	Total Due £
Breakfast Club & Playscheme	8.00 am – 3.30 am	18.60						
Playscheme	9.30 am – 3.30 pm	12.60						
Playscheme & Late stay	9.30 pm – 6.00 pm	19.60						
Whole Day Childcare	8.00 am – 6.00 pm	25.60						
Subsidised Playscheme	9.30am – 3.30pm	5.00						
Staff fee	Any (on site)	Half Price						
Volunteer	Any (on site)	Free						
BREAKOUT	All day	3.50						
<b>WEEK FOUR TOTAL</b>								

WEEK FIVE	Hours	Rate £	Mon 23 Aug	Tues 24 Aug	Wed 25 Aug	Thurs 26 Aug	Fri 27 Aug	Total Due £
Breakfast Club & Playscheme	8.00 am – 3.30 am	18.60						
Playscheme	9.30 am – 3.30 pm	12.60						
Playscheme & Late stay	9.30 pm – 6.00 pm	19.60						
Whole Day Childcare	8.00 am – 6.00 pm	25.60						
Subsidised Playscheme	9.30am – 3.30pm	5.00						
Staff fee	Any (on site)	Half Price						
Volunteer	Any (on site)	Free					Finish at 3.30pm	
BREAKOUT	All day	3.50						
<b>WEEK FIVE TOTAL</b>								

**Subsidised playscheme:** Max of 2 places per week. Proof of low income required

**Staff fee:** For children of staff who are at work during their child's attendance

**Volunteer fee:** For children of volunteers who are volunteering at the time

Fees paid by **Statutory Agencies** (Job Centre, Colleges etc) are different please speak to the Centre Manager

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I am attending the playscheme at, **Kings Avenue Primary**    **Knights Youth Centre (please circle)**  
**ABOUT YOUR CHILD**

Name \_\_\_\_\_ Gender Boy / Girl (circle one)  
 Age \_\_\_\_\_ School \_\_\_\_\_  
 After School Club \_\_\_\_\_  
 Address \_\_\_\_\_  
 Postcode \_\_\_\_\_ E-mail \_\_\_\_\_

**PARENT/CARER CONTACT INFORMATION**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
 2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**SPECIAL NEEDS INFORMATION** Please tell us ANYTHING that will help staff to see that your child is happy and safe:

Special diet?	YES	NO	Allergies?	YES	NO	Contact Order in place?	YES	NO
Mobility difficulties?	YES	NO	Behavioural Difficulties?	YES	NO	Speech/language need?	YES	NO
Phobias?	YES	NO	Special Education Need?	YES	NO	Visual/hearing impaired?	YES	NO
Other (please state)								

Please tick if the following apply to you:     Childcare tax credit received     Employed as a result of childcare tax credit

My annual membership is up to date    YES/NO (if no, please complete form and pay membership £23)

Amount received £ \_\_\_\_\_ Cash/Credit Card/ Cheque

**ALL CHEQUES MUST BE ACCOMPANIED BY A BANK GUARANTEE CARD**

On occasions photographs may be taken, and pictures used in Kids' City literature.

**Please tick this box if you do not want your child to be photographed**   

**PERMISSION:** On Wednesdays we all go on a Jolly Journey. I give Kids' City permission to take my child off site for this trip. I give permission for a qualified first aider to administer first aid to my child. In case of accident or emergency when we cannot contact a parent/carer, I give permission to Kids' City to take my child to hospital to receive emergency treatment.

**CONTRACT:** I am the parent/carer of the child named above. I confirm that my child will be attending Kids' City on the above dates and I have made the Manager aware of all-important information concerning my child's welfare.

I agree to collect my child promptly at 3.30pm or 6.00pm or I will pay a penalty of £20 per half hour.

Parent /Carer's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Kids' City use only</b>		
Amount received £	Cash/Chq/CC	Date _____ Manager's Initials _____

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## ANNUAL REGISTRATION FORM

Every section must be completed in full



### CHILD'S DETAILS

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Gender (please circle)                      Male                      Female

School \_\_\_\_\_ Class \_\_\_\_\_

Have you received a copy of the Parents' Handbook?     yes     No

### CHILD'S MEDICAL INFORMATION

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

#### Infectious Disease

(please tick to indicate)

German Measles    Yes  No   
 Whooping Cough    Yes  No   
 Chicken Pox    Yes  No   
 Measles    Yes  No   
 Mumps    Yes  No

#### Immunisation

Whooping Cough    Yes  No   
 Polio    Yes  No   
 Diphtheria    Yes  No   
 Tetanus    Yes  No   
 MMR    Yes  No

### CARER'S INFORMATION

Carer 1 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Carer 2 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Please name anybody that will regularly collect your children.

Name \_\_\_\_\_ Phone/mobile \_\_\_\_\_  
 Name \_\_\_\_\_ Phone/mobile \_\_\_\_\_

### EMERGENCIES

Person to contact in an emergency (this should be different from those above).

Name \_\_\_\_\_ Phone/mobile \_\_\_\_\_

### ETHNIC MONITORING

- White UK Heritage
- White Irish
- White European
- White Other
- Black Caribbean Heritage
- Black African Heritage
- Black Other
- Indian
- Bangladeshi
- Pakistani
- Chinese
- Vietnamese
- Latin American
- Mixed Race
- Other (please Specify)

Special cultural or religious needs?

What is your child's first language?

### EMERGENCY TREATMENT

**In case of emergency** when we cannot contact a parent/carer, Kids' City asks your permission to take you child to hospital to receive emergency treatment.

**I consent to Kids' City taking my child to hospital to receive emergency treatment.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## MEMBERSHIP TERMS AND CONDITIONS

1. Membership fee must be paid annually on the due date.
2. Children must be collected by 6pm from afterschool schemes and holiday playschemes.
3. A booking form must be completed each term.
4. Fees are paid at the start of term or holiday period, in full.
5. Children's and carer's behaviour does not interfere with the safety and enjoyment of others.

**I understand and agree to the conditions above.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Centre Manager to complete renewal date

Month \_\_\_\_\_ Year \_\_\_\_\_