

Home from Home Kindergarten

26 / 28 Lyme Ave, Northchurch, Berkhamsted, Herts. HP4 3SG.
Tel. 07884436916

Application form, Out of School Club (Westfield First School)

Child's full Name _____ Male / Female

Date of Birth _____ Ethnicity (see attached sht.) _____

Parent/guardian 1

Name _____ Address: _____

Relationship _____

Legal contact yes no n/a

Parental responsibility yes no Home Phone: _____

Mobile Phone: _____

Parent/guardian 2

Name _____ Address: _____

Relationship _____

Legal contact yes no n/a

Parental responsibility yes no Home Phone: _____

Mobile Phone: _____

(E-mail) (Must be completed for invoicing) _____

Please give name, phone Nos. of place of work.

Please give name, addresses, phone numbers and relationship of anyone who may collect your child or could be contacted in the case of an Emergency.

Name of Child's Doctor _____

Contact No. _____

Does your child have any medical problems? yes no

If so, please explain any special requirements _____

Does your child have any special dietary needs? yes no

Please tick the Sessions and days required for your child.

Breakfast Club		AfterSchool session	
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	

Breakfast Club is 7:30am to Start of School day.
AfterSchool session is 3:10pm to 6:00pm.

Six full weeks notice in writing must be received by the club from parents wishing to withdraw their child or change sessions.

Date I wish my child to start _____

What School does your child attend? _____

Academic year _____ Teachers name _____

I agree to give permission for my child to take part in activities arranged by the out of school club, such as outings to the park, activities arranged by external organisations, and other activities.

I agree to give permission for my child to be transported to their school, either by supervised walking bus, or Home from Home insured vehicles.

I agree for Photographs to be taken of my child for the use in the club i.e. Displays, observations. I give permission for my child to be administered non-prescribed medicines e.g. Calpol when necessary and prescribed medicines as directed by myself, and to be taken to Hospital or Doctors in the case of emergencies when parents are not available. I also give permission for emergency medical treatment when necessary. All efforts will be made to contact parents or designated contacts if this situation arise.

Signed (Parent) _____ Date _____

Agreement to the Terms and Conditions

Special Conditions _____

I have received and read the Terms and Conditions shown in the information booklet of Home from Home Out of School Club including any special conditions above and agree to comply with them.

Signed (Parent) _____ Date _____

Signed (Home from Home) _____ Date _____

Please complete and return to the nursery with the £10.00 per child non-refundable membership fee.