

SPRINGFIELDS PRE-SCHOOL AFTER SCHOOL PROVISION
 THE TERRAPIN HUT, TUDOR ROAD, SUDBURY, SUFFOLK, CO101NL
 01787311320
 OFSTED: EY456088

AFTER SCHOOL CLUB ENROLMENT FORM

PLEASE COMPLETE ALL SECTIONS CLEARLY IN BLOCK CAPITALS

PERSONAL DETAILS OF CHILD

CHILD'S SURNAME		CHILD'S FIRST NAME(S)	
SEX (circle)	MALE FEMALE	DATE OF BIRTH	

DETAILS OF PARENT(S) OR MAIN CARER(S)

DETAILS	FIRST ADULT	SECOND ADULT
RELATIONSHIP TO CHILD		
TITLE		
SURNAME		
FIRST NAME		
HOME ADDRESS		
POSTCODE		
CHILD'S ADDRESS		
HOME TELEPHONE		
MOBILE		
WORK TELEPHONE		
EMAIL ADDRESS		
Proof of I.D seen	Birth Cert Passport Red Book	
WHO HAS PARENTAL RESPONSIBILITY FOR THE CHILD		
WHO HAS LEGAL CONTACT WITH THE CHILD		

DETAILS OF ALTERNATIVE PERSONS WHO MAY COLLECT THE CHILD IN AN EMERGENCY

	CONTACT 1	CONTACT 2	CONTACT 3
NAME			

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ADDRESS			
POSTCODE			
TELEPHONE NUMBER			
MOBILE NUMBER			
RELATIONSHIP TO CHILD			

DETAILS OF DOCTOR AND HEALTH VISITOR

DETAILS	DOCTOR	HEALTH VISITOR (IF 5 YEARS AND UNDER)
NAME		
ADDRESS		
POSTCODE		
TELEPHONE NUMBER		
DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS SPRINGFIELDS NEEDS TO BE AWARE OF? PLEASE GIVE DETAILS IF APPROPRIATE		
IS YOUR CHILD TAKING ANY REGULAR MEDICATION? IF YES PLEASE GIVE DETAILS.		
IN THE EVENT THAT NO ONE CAN BE CONTACTED IN AN EMERGENCY SPRINGFIELDS WILL SEEK MEDICAL ADVICE OR TREATMENT AND WILL ALLOW TRAINED	DETAILS OR PROHIBITED TREATMENTS.	PARENTS SIGNATURE.

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PROFESSIONALS (EMERGENCY SERVICES) TO MAKE DECISIONS IN THE BEST INTEREST OF YOUR CHILD.		
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SCHOOL

SCHOOL	
ADDRESS	
TELEPHONE NUMBER	
CONTACT	

OTHER DETAILS

LANGUAGE SPOKEN AT HOME		CHILD'S RELIGION	
DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR DISABILITY? IF YES PLEASE GIVE DETAILS			
WHAT SPECIAL SUPPORT WILL HE/SHE REQUIRE IN OUR SETTING?			
DOES ANY AGENCY HAVE CONTACT WITH YOUR CHILD? IF SO NAME OF PROFESSIONAL(S) INVOLVED			
DOES YOUR FAMILY HAVE A SOCIAL CARE WORKER FOR ANY REASON?			
HAS YOUR CHILD ANY ALLERGIES THAT YOU ARE AWARE OF, INCLUDING FOOD ALLERGIES?			
DOES YOUR CHILD HAVE ANY CULTURAL DIETARY REQUIREMENTS? IF YES PLEASE GIVE DETAILS.			
DO YOU CELEBRATE ANY FESTIVALS OR SPECIAL OCCASIONS?			
DOES YOUR CHILD HAVE ANY SPECIAL INTERESTS OR HOBBIES?			

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ATTENDANCE REQUIRED

	TIME	HOME WORK ASSISTANCE REQUIRED?
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

START DATE.....