



Contract between the parent/carer of

.....

And Little Oaks at St Mary's

This form must be completed before leaving your child with Little Oaks.



Child's full name

Home Address

..... Postcode

Date of Birth/...../..... Gender

Telephone No Mobile

Child's first language

Additional language

It is an OFSTED requirement that we have the name of the person holding parental/legal responsibility. Please fill that in below:

.....

Parent/carer 1

Relationship to child

Address (if different from above)

..... Postcode

Home Telephone No

Place of work

Work Telephone No Mobile No

Email



Name of child

Parent/Carer 2

Relationship to child

Address (if different from above)

..... Postcode

Home Telephone No

Place of work

Work Telephone No

Mobile Number

Email

In case of emergency please provide two contacts that will be authorised to collect your child. Please also provide us with a password that these contacts will have to use in order to collect your child.

Contact 1

Name

Relationship to child

Address

..... Postcode

Telephone No Mobile



Name of child

Contact 2

Name

Relationship to child

Address

..... Postcode

Telephone No Mobile

Password



Name of child

Days and sessions attending

Days	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

The above information is just for our reference, we may still have the flexibility available on a day to day basis.

Please note that we can change days and times along as we have a minimum of 48 hours notice, this also applies if you wish to book your child in on a flexible basis.

If you wish to cancel a session, again we need a minimum of 48 hours notice otherwise you might be **charged for the session.**



Name of child

Medical Details

Doctors Name

Practice Address

.....

Telephone Number

Are all immunisations up to date? Yes/No

If no please state exceptions

Please state any allergies and reactions

.....

.....

.....

Any other medical requirements, or procedures prohibited by family beliefs

.....

.....

.....



Name of child

Any special requirements (not allergies) regarding food or equipment used.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



Name of child

Parental permissions

Please circle

I/We give permission for Little Oaks staff to seek emergency medical treatment for my child and/or take my child to the nearest accident and emergency department to be examined, treated or admitted as necessary. I understand that every effort will be made to contact us prior to our child being taken to hospital.

A member of Little Oaks staff will accompany my child and stay with them until my arrival.

Yes No Signed

I/We give Little Oaks staff permission to take photos of our child to use within the Little Oaks setting for displays, artwork, record keeping etc.

Yes No Signed

I/We give permission for our child to be photographed for the purpose of publicity, such as the Little Oaks website, promotion or press release (please be aware no photos will be used on social media websites).

Yes No Signed

I/We agree to send our child to Little Oaks with the labelled sunscreen. We will also supply a sunhat.

Yes No Signed

In the event of not supplying sunscreen I/we allow Little Oaks to provide a suitable sunscreen.

Yes No Signed



Name of child

I/We give permission for our child to have their face painted.

Yes No Signed

I/We agree to Little Oaks staff administering prescribed medication in the correct dosage. Medication forms shall be completed for each instance and Little Oaks and its staff will not be liable if I/we provide incorrect information.

Yes No Signed

I/We give permission for the use of sterile plasters.

Yes No Signed

I/We give permission for Little Oaks staff to allow our child to use the computer and internet facilities with supervision from the staff.

Yes No Signed

I/We agree to staff and students undertaking observations on my child.

I/We understand that these could be shared with outside agencies.

Yes No Signed

Signed (Parent 1)

Date

Signed (Parent 2)

Date



Name of child

In order for us to provide a fully inclusive service for your child please provide the following information.

Does your child have any special educational needs that we should be aware of?

No special educational needs	
Early Years Action/School Action	
Early Years Action Plus/School Action Plus	
Statement	
Any other information regarding special needs	

Any other information you feel we should know about your child.

.....
.....
.....
.....