**Forest Footsteps Childcare Booking Form**



*(Ad Hoc and Holiday Club)*

*All sensitive and personal information provided will be stored securely and safely. Any information will kept confidential and not be shared with 3rd parties except for insurance, Ofsted, HMRC, Local Authority or safeguarding purposes. Details and documents will be kept for the legal required length of time. If you would like to see our Data Protection and GDPR Policy or Retention Periods please ask.*

Child’s Name.......................................................M/F Age of child………………………………..

Child’s preferred name......................................................Date of Birth...........................

Home address........................................................................................................................................

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Telephone Number....................................................

Email Address (This email address will be used to provide confirmation of booking)

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**Details of Parents/Guardians/Carers**

1st Parent’s/Guardian’s/Carer’s name....................................................................................

Address (if different from above)..............................................................................................

Place of work........................................................

Contact telephone numbers....................................... ....................................................

2nd Parent’s/Guardian’s/Carer’s name....................................................................................

Address (if different from above)...............................................................................................

Place of work........................................................

Contact telephone numbers....................................... ....................................................

Emergency Contacts Name and Telephone number.........................................................................................................................................

(other than parent/guardian/carer)

Name of person who usually collects the child.............................................................................................................................................

Names of persons who may collect the child.............................................................................................................................................

**Child’s Doctor**

Name and address.....................................................................................................................

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Telephone Number...................................................................................................................

Allergies/Special diet/Health requirements /Illnesses/ or any additional information ......................................................................................................................................................

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Language(s) spoken at home..............................................................................

Child’s culture/religion........................................................................................

Please list the days and times required. *(Places will be allocated on a first come first serve basis. Confirmation will be sent via email with an invoice for the places available.)*

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| --- | --- | --- | --- |
| **Date**  *(E.g., 24/07/18 0r 24/7/18 - 28/7/18)* | **Number of days** | **Arrival time**  (Earliest of 8am) | **Collection time**  (Latest of 4pm Mon-Thurs or 1pm on Fri) |
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Please provide:

* Appropriate labelled footwear for exploring the outdoor environments.
* Appropriate labelled clothing for all weathers.
* A labelled bottle of juice if your child doesn’t drink water or milk.
* A labelled packed lunch if attending between 12pm -1pm. Packed lunches must have an ice pack to keep foods cool. Whole nuts are not permitted in packed lunches.
* Labelled Sunhat
* Labelled changes of clothing.

Please note children are not to bring any electrical devices such as; iPad, apple watches, DS, mobile phone etc. If children bring any toys or items, Forest Footsteps Childcare do not accept liability or responsibility for damages or loss.

**Permissions**

Please delete appropriately to confirm you give permission on the following:

*Please note, please contact Erin if you wish to withdraw your permission.*

* I give permission for my data to be stored by Forest Footsteps Childcare. I understand Forest Footsteps Childcare are legally required to obtain and keep this information. I understand I can request further information from Forest Footsteps Childcare regarding Data Protection, GDPR and Retention Periods.

YES / NO

* I give permission for Forest Footsteps Childcare to contact me by : *(Please delete where applicable)*

Post

Text

Phone

Email

* I give permission for Forest Footsteps Childcare to take photos or videos of my child within group photos. I understand these images will only be used on the secure Tapestry software to provide a daily photo diary and information to parents with children at Forest Footsteps Childcare.

YES / NO

* I give permission for my child to have sun cream applied by Forest Footsteps Childcare. I understand I must apply sun cream to my child before arriving. Forest Footsteps Childcare will re-apply when required.

YES / NO

* I give permission for Forest Footsteps Childcare to take my child on outings. These outings could be and not limited to; Ramalley Copse, Play Park, Library.

YES / NO

* I understand that Forest Footsteps Childcare will be required to share relevant information to Children’s Services, Police or Ofsted if they have concerns regarding safeguarding issues or my child’s safety.

YES / NO

* I give permission for Forest Footsteps Childcare to administer first aid, including applying plasters, as they see fit and to seek emergency medical attention if required.

YES / NO

* In the event of my child needing emergency medical attention, I give permission for my child to have a blood transfusion if the need arises.

YES / NO

* I understand that payment will be invoiced and requested upon confirmation of a place. A place will be guaranteed on receipt of payment. I understand that payments are not refundable.

YES / NO

SIGNED………………………………………………………………………….. Date ……………………………………………………

(by parent or guardian)

**Please return forms by email or by hand.**

[**forestfootstepschildcare@outlook.com**](mailto:forestfootstepschildcare@outlook.com)

**Forms can be attached scanned documents or photos. Please ensure documents or photos are clear.**

**Confirmation will be given via the email address provided in this form.**