

Enrolment Form 2018/19 (Please complete and return a form for each child)

CHILD INFORMATION

Family Name: _____ First name(s): _____

Date of Birth: _____ Age: _____ Gender: M / F _____

School Year and Class: _____

Address: _____

Post Code: _____

Cultural Background: _____ Language(s) spoken at home: _____

We agree to receive communications (privacy policy on website www.sherpkids.co.uk) Yes No

ATTENDANCE REQUIREMENTS Please tick if you require Casual Care or Permanent Care (If permanent booking, please also tick which days below)

Preferred start date of permanent booking: _____

| Session | Monday | Tuesday | Wednesday | Thursday | Friday | All |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Breakfast Club | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| After School Club | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PARENT/GUARDIAN INFORMATION – ACCOUNT HOLDER

(Having parental responsibility for the child and living at the address at which the child usually resides)

Title: _____ Family Name: _____ First Name: _____

Date of Birth: _____ Relationship to Child: _____

Address: _____

Post Code: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

ADDITIONAL PARENT/GUARDIAN INFORMATION

Title: _____ Family Name: _____ First Name: _____

Date of Birth: _____ Relationship to Child: _____

Address: _____

Post Code: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

EMERGENCY CONTACTS I consent for the following contacts, to collect my child from service including in the event of any incident, injury, trauma & illness and to act as an Authorised Nominee consent to medical treatment of the child or to authorise the administration of medication to the child. (You must nominate at least one person other than parent/guardian aged over 18 years of age)

Contact 1 Title: _____ Family Name: _____ First Name: _____

Relationship to Child: _____ Tel: _____ Mob: _____

Address: _____

Contact 2 Title: _____ Family Name: _____ First Name: _____

Relationship to Child: _____ Tel: _____ Mob: _____

Address: _____

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APPROVED PERSONS HAVING AUTHORISATION TO COLLECT YOUR CHILD FROM SHERPA KIDS

I consent to the following contacts to collect my child from service including in the event of any incident, injury, trauma & illness (other than parent/guardian, must be aged over 18 years of age)

Contact 1 Title: _____ Family Name: _____ First Name: _____

Relationship to Child: _____ Tel: _____ Mob: _____

Address: _____

Contact 2 Title: _____ Family Name: _____ First Name: _____

Relationship to Child: _____ Tel: _____ Mob: _____

Address: _____

N.B. We may not release your child to an unlisted person without prior written notification. If any person not listed and not known to the Sherpa Kids staff, should attempt to collect your child from the service, permission will be refused.

Is this child involved in court orders, parenting plans or orders? Yes No

If yes, please provide current and any changes to court documents at all times to enable enforcement.

MEDICAL DETAILS & OTHER INFORMATION

Child's Doctor: _____ Address: _____

Phone: _____

Does your child have any of the following?

- | | | |
|--|--|--|
| <input type="checkbox"/> A.D.D. / A.D.H.D | <input type="checkbox"/> Epilepsy | <p><i>Children with additional needs are to book in more than 2 weeks in advance to ensure correct staffing and funding can be organised. Please contact Sherpa Kids staff to discuss. Please also provide any medical management plans, assessments, other documentation or medication & equipment that are related to the child's needs, prior to commencement at Sherpa Kids.</i></p> |
| <input type="checkbox"/> Allergies (see box below) | <input type="checkbox"/> Haemophilia | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart problems | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Anaphylaxis | |
| <input type="checkbox"/> Physical needs | <input type="checkbox"/> Behavioural needs | |
| <input type="checkbox"/> Educational needs | <input type="checkbox"/> Any other special needs _____ | |

Is your child on any medication? (Please complete a Medical Information & Authorisation Form) Yes No

Does your child wear? Prescriptions Glasses Hearing Aid

Does your child have any of the following allergies? Please indicate severity e.g. High, Moderate, Low or Not Applicable

| | | | | |
|--|-------------------------------|-----------------------------------|------------------------------|------------------------------|
| 1. Bee Sting | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input type="checkbox"/> Low | <input type="checkbox"/> N/A |
| Medication or Action to be taken: | | | | <input type="checkbox"/> N/A |
| 2. Food Allergy | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input type="checkbox"/> Low | <input type="checkbox"/> N/A |
| Names of food/s & action to be taken | | | | |
| 3. Allergy to Medication Please name medication & action to be taken: | | | | <input type="checkbox"/> N/A |
| 4. Other Allergies Please describe & action to be taken (inc bandaids, latex etc) | | | | |
| Please provide information on any other dietary, cultural or religious considerations or special instructions regarding the health and well-being of your child (e.g. excessive fears) | | | | <input type="checkbox"/> N/A |

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Child's Interests: (Please tick below)

- | | | | | |
|------------------------------------|-------------------------------------|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Art/Craft | <input type="checkbox"/> Music | <input type="checkbox"/> Drama | <input type="checkbox"/> Sports | <input type="checkbox"/> Structured Games |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Technology | <input type="checkbox"/> Construction | <input type="checkbox"/> Reading | <input type="checkbox"/> Board Games |

PLEASE PROVIDE INFORMATION ABOUT ANY OTHER INTERESTS OR HOBBIES:

IS THERE ANYTHING ELSE ABOUT YOUR CHILD THAT YOU WOULD LIKE TO TELL US?

Please read and sign the following statements:

I hereby give permission to the staff of the above Sherpa Kids programme to administer medically prescribed medication to my child and I will sign a Medical information & Authorisation form. I understand that the staff will record each administration of medication. I acknowledge that all care will be taken and will not hold Sherpa Kids responsible. I also understand my child cannot attend Sherpa Kids if suffering from an infectious or communicable disease.

Name: _____ Signature: _____ Date: _____

I hereby notify Sherpa Kids that my child carries medication with them and will self-medicate. I understand I will provide a letter/plan from a doctor to support this and I will sign a Medical information & Authorisation form.

Name: _____ Signature: _____ Date: _____

I hereby give my permission for the Sherpa Kids staff to treat my child if a minor accident occurs. In the case of a more urgent matter I understand an ambulance will be called first then I will be notified.

Name: _____ Signature: _____ Date: _____

I understand the provider of the Sherpa Kids service is not liable for any personal injury, loss or damage to personal property due to any cause whatsoever unless there is proven negligence by the provider or an employee.

Name: _____ Signature: _____ Date: _____

I hereby agree that if I have booked to attend an outing this will mean that I give Sherpa Kids permission to transport my child off a Sherpa Kids designated site.

Name: _____ Signature: _____ Date: _____

I acknowledge that photographs/video of my child or items of my child's work completed at the Sherpa Kids programme may be used at a later date for local marketing and promotional purposes. I hereby give my consent and no further permission will be required.

Name: _____ Signature: _____ Date: _____

I acknowledge that the information contained herein is confidential and will only be used by the Sherpa Kids team to effectively care for my child and not used or distributed for any other purposes. Representatives from appropriate Government Departments may view this information as part of the programme assessment process.

Name: _____ Signature: _____ Date: _____

I authorise that my child's school has permission to share information about my child with Sherpa Kids.

Name: _____ Signature: _____ Date: _____

I hereby give my permission for the Sherpa Kids staff to apply sunscreen supplied by Sherpa Kids, if no other sunscreen is provided.

Name: _____ Signature: _____ Date: _____

I hereby give permission for my child to watch U & PG rated movies and games if deemed suitable by Sherpa Kids.

Name: _____ Signature: _____ Date: _____

TO ENSURE THE SAFEGUARDING OF YOUR CHILD PLEASE NOTE THE FOLLOWING STATEMENT/INFORMATION:

If you are arranging for a friend or family member to collect your child from Sherpa Kids, please provide them with the password below and always notify us by telephone or e-mail if you have arranged for someone to collect your child from us.

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Password

TERMS AND CONDITIONS

By signing below I, the Account holder, understand:

1. All payments must be made within 7 days of invoice.
2. The price charged, is dependent on whether it is a 'permanent' booking or a 'casual' booking. When a child attends extra days, which are outside of the confirmed permanent booking, these will be charged at the casual rate. Late fees are charged for late pickups, as specified in the Parent Handbook.
3. I am aware that any default by me for the payment of outstanding fees may result in debt collection action and all costs associated with this action will be at my cost.
4. I acknowledge that in order to keep my place at Sherpa Kids, I need to keep my account and payments up to date.
5. Two weeks' notice, in writing, must be provided if a child is to be withdrawn from care or there is a change required to the days of care, otherwise a two-week fee is payable based on the previous booking.
6. No refunds are given for absences.
7. If the school should be shut due to industrial action or an act of god payments for that day are still required in full.
8. Interest on overdue invoices shall accrue daily from the date when payment becomes due, until the date of payment, at a rate of five percent (5%) per day after as well as before any judgment.
9. In the event that my payment is dishonoured for any reason then I shall be liable for any dishonour fees incurred by Sherpa Kids.
10. If I default in payment of any invoice when due, I shall indemnify Sherpa Kids from and against all costs and disbursements incurred by Sherpa Kids in pursuing the debt including legal costs on a solicitor and own client basis and Sherpa Kids' collection agency costs.
11. Without prejudice to any other remedies, if at any time I am in breach of any obligation (including those relating to payment) Sherpa Kids may suspend or terminate the enrolment and is absolved of its other obligations under the terms and conditions. Sherpa Kids will not be liable to me for any loss or damage that you may suffer because Sherpa Kids has exercised its rights under this clause.
12. If any account remains overdue after thirty (30) days then an amount of the greater of ten pounds (£10) or ten percent (10%) of the amount overdue (up to a maximum of one hundred pounds (£100)) shall be levied for administration fees which shall become immediately due and payable.
13. Sherpa Kids can collect, retain and use any information about me for the purpose of assessing credit worthiness and disclose information, whether collected by Sherpa Kids from myself directly or obtained by Sherpa Kids from any other source, to any other credit provider or any credit reporting agency for the purposes of providing or obtaining a credit reference, debt collection or notifying a default by myself.
14. I have the right to request from Sherpa Kids a copy of the information retained by Sherpa Kids and the right to request Sherpa Kids to correct any incorrect information about myself and my family held by Sherpa Kids
15. I acknowledge by signing this form I have received a copy of the Sherpa Kids Parent Handbook and accept the Centre Policies and Procedures which are available for my inspection at the programme premises.
16. I acknowledge all information I have provided on this form is true and correct and I am aware it is my responsibility to advise Sherpa immediately of any change in the above information.

Name: _____

Signature: _____ Date: _____

Office Use Only: Date Processed: _____ Staff Initial: _____

All health records, management plans, court orders and other documentation have been sighted where applicable Staff Initial: _____

School Contact Phone Number: (Insert telephone number here)

Please Note: If you have any question please contact

(Insert your email address here)

Return forms:

By post: Sherpa Kids International
The Buckham Building
43 Southampton Road
Ringwood, Hants, BH24 1HE

By email: Barleymow@sherpakids.co.uk

The information collected on this form is used to help us provide our services and ensure the safety of your child. Our legal basis for processing this data is that the processing is necessary for the performance of the contract we have with you to provide our services and it is in the vital interest of your child. In addition, the processing of the medical details supplied to us on this form is necessary for the purposes of treatment should your child should fall ill in our care.

The data collected will not be used for any other purpose and will not be shared with any third parties. If you require further information on how we look after your data or what rights you have, please read our Privacy Policy which can be found on our website or in our Parents Handbook.