

# The Ambleside Centre - Meadows Holiday Admission Form

(Please complete in **BLACK** ink)

First name																				
Last name																				
Known as																				
Date of Birth										Boy / Girl										
<b>Home Address</b>																				
Post Code										Telephone										
Email (to which we may send invoices/correspondence)																				
<b>Names and dates of birth of any other children</b>																				
<b>MAIN CARER (Birth or adoptive Parent)</b>																				
Title	First Name					Surname					Mobile phone (if relevant)									
Address and Phone Number (if different from above)																				
Place of Employment										Phone					Times of Work					
Does this person have Parental Responsibility?										Yes / No										
<b>2<sup>nd</sup> Birth or adoptive Parent</b>																				
Title	First Name					Surname					Mobile phone (if relevant)									
Address and Phone Number (if different from above)																				
Place of Employment										Phone					Times of Work					
Does this person have Parental Responsibility?										Yes / No										
<b>Name of Partner if different to 2<sup>nd</sup> Parent</b>																				
Does this person have Parental Responsibility?										Yes / No										
<b>Name of any other person with Parental Responsibility</b>																				
Emergency contact name(s)/ Person(s) authorised to collect child from the Centre, including telephone no: (please note we do try parents first)																				
															<b>Record your password here:</b>					
<b>Family doctor</b>					<b>Surgery</b>					<b>Phone</b>					<b>Health Visitor</b>					
<b>First Language</b>										<b>Religion</b>										
<b>Ethnic Origin:</b> White British, White Irish, White Other, Black African, Black Caribbean, Indian, Pakistani, Bangladeshi, Chinese, Mixed White & Black African, Mixed White & Black Caribbean, Irish Traveller, Gypsy/Roma. Other: Please specify:																				

I confirm that the details given above are complete and correct:    Date: \_\_\_\_\_

Signed: \_\_\_\_\_    Print name: \_\_\_\_\_

Information given on this form is subject to the Data Protection Act 1998

## Important information about your child and Consent form

The following information on dietary requirements will be referred to on occasions when food is provided during sessions **or** if you purchase food for breakfast or tea.

**We will be unable to provide any food during additional sessions until you have completed this part of the form.** *Examples of dietary requirements are allergies, vegetarian and religious requirements.*

My child has specific dietary requirements.	yes	no
If yes please give details:		

Photographs and video footage are wonderful ways of recording children's activities and we use them for many purposes in the centre. Below are examples of times when we may photograph or video your child. If you have a reason why you do not wish your child to be included in any of these activities, please tick the box and a member of staff will contact you to discuss the matter.

Photographs to be used in my child's record book	yes	no
Photographs to be used in the centre for display	yes	no
Photographs to be used for press releases or publication outside the centre (we always ask for specific permission on these occasions)	yes	no
Photographs to be used on the Ambleside Centre web-site	yes	no
Video to be used for curriculum purposes	yes	no
Video to be used for training purposes on site	yes	no
Video to be used for family events.	yes	no

I wish staff to apply Soltan factor 40 suncream at the appropriate time (children here for more than 6 hours only).	yes	no
My child has an allergy and needs a particular suncream to be applied, which I will supply (children here for more than 6 hours only).	yes	no
My child may be taken for a short walk nearby (e.g. shops) accompanied by a member of The Ambleside Centre staff	yes	no

We hope that it is never necessary, but we need to have your permission to act appropriately in the event of a serious accident/illness.

The Ambleside Centre staff may seek or give medical attention in case of emergencies	yes	no
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**Please give full details of any specific health issues relating to your child (e.g. diabetes, life threatening allergies, etc).** *Please continue on a separate sheet if necessary and discuss with the keyworker.*

Signed .....Date .....