

# ENROLMENT FORM/CONTRACT 2026/27



The relationship between a child's parents and a setting is crucial to the child's well-being. The welfare, safety and protection of your child are at the heart of everything we do. To enable us to make the best provision for your child we are officially required to ask for information to be provided to us. Please understand that there are sound reasons why we are required to ask these questions. We want to help your child to keep safe, it is not just that we are being curious. Thank you for your co-operation.

c/o Rossett Acre Primary School  
Pannal Ash Road,  
Harrogate, HG2 9PH  
Tel: 07882 297 737  
e-mail: rossettacre@funclubs.co.uk

|                                  |  |                                |  |
|----------------------------------|--|--------------------------------|--|
| <b>Child's Current Full Name</b> |  |                                |  |
| <b>Also Known As</b>             |  |                                |  |
| <b>Any Previous Names</b>        |  |                                |  |
| <b>Date of Birth</b>             |  | <b>Gender</b>                  |  |
| <b>Teacher</b>                   |  | <b>Year</b>                    |  |
| <b>1<sup>st</sup> Language</b>   |  | <b>2<sup>nd</sup> Language</b> |  |

|  |  |  |                  |  |
|--|--|--|------------------|--|
| <b>Child's Current Address</b>                         |  |  | <b>Post Code</b> |  |
|  |  |  |                  |  |
| <b>Any Previous Address</b>                            |  |  | <b>Post Code</b> |  |
|  |  |  |                  |  |
| <b>Home Telephone Number</b>                           |  |  |                  |  |
| <b>Email of Main Contact for Family login</b>          |  |  |                  |  |
| <b>Additional Email for Family Login (if required)</b> |  |  |                  |  |

## Details of Parents/Carers & Emergency Contacts

|  | <b>Main contact</b> | <b>Additional Emergency Contact</b> | <b>Additional Emergency Contact</b> |
|--|---------------------|-------------------------------------|-------------------------------------|
| <b>Name(s)</b>                           |                     |                                     |                                     |
| <b>Relationship</b>                      |                     |                                     |                                     |
| <b>Parental Responsibility?</b>          |                     |                                     |                                     |
| <b>Address (if different from above)</b> |                     |                                     |                                     |
| <b>Home Tel</b>                          |                     |                                     |                                     |
| <b>Work Tel</b>                          |                     |                                     |                                     |
| <b>Mobile</b>                            |                     |                                     |                                     |

Please confirm below whom you authorise to collect your child and in addition supply a password for use in the event that an unauthorised person is required to collect your child. If you wish for an unauthorised person to collect your child we do insist that you let us know in advance and that the named person brings some form of photo ID to prove their identity.

I understand that it is my responsibility to have obtained consent from all emergency contacts to supply their personal information. AGREE

|  |  |
|--|--|
| <b>Authorised Names</b> (in addition to those given in Contacts) |  |
| <b>Password</b>  |  |

## Health & Welfare Information

|   |  |
|---|--|
| <b>Any known allergies/illnesses</b>  |  |
| <b>Any additional needs/cultural /dietary requirements</b>                  |  |
| <b>Is the child on the SEN register?<br/>Please provide further details</b> |  |

Note: If medication is required ie. Inhaler/epi-pen/piriton etc., this must be available at Funclub at all times the child attends. We are unable to use medication provided to school. An additional care plan must be completed. Please see the manager for further information.

|                              |  |
|------------------------------|--|
| <b>Child's Doctor's Name</b> |  |
| <b>Doctor's Address</b>      |  |
| <b>Doctor's Phone Number</b> |  |

**Please give details below of any of the following factors that may be relevant to your child:**

|   |  |
|---|--|
| Names, roles and contact details of any professionals who have contact with your child or family  |  |
| Any relevant court orders in place including those which affect any person's access to the child (e.g. residence order, contact order, care order, injunction etc.) Is there any information from these orders that our setting needs to be aware of which will help us to care for your child? |  |
| Any child protection plan which your child is subject to?   |  |
| Any other factors which may impact on the safety and welfare of the child?  |  |

Safeguarding Children Statement: Please note that if we have any concerns about your child's development, welfare or safety, we will speak to you immediately. We are required to keep records of these concerns, and when we feel it necessary the advice of other professionals will be sought (in accordance with our Safeguarding Children Policy and Procedures). All matters will be dealt with in consultation with parents / carers and in the strictest confidence.

## Session/Booking and Invoicing Details

|                     |  |
|---------------------|--|
| Required Start Date |  |
|---------------------|--|

### Please tick requested place requirements

| Session                | Mon                      | Tues                     | Weds                     | Thurs                    | Fri                      |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| AM (from 07.30am)      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PM (until 5.30pm)      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LATE PM (until 6.30pm) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please note that we require 4 weeks' notice or fees in lieu of any changes or cancellations.

Additional sessions may be booked on a casual basis, subject to availability. Holiday care will be booked separately.

Fees will be charged for all booked sessions, regardless of attendance

Payment Terms: Invoices will be issued via email and on Famly and are payable in advance of attendance.

Additional sessions are paid for at time of booking or on receipt of invoice.

Failure to pay on time will result in a late payment fee of £5 per child per week overdue, and your child's place may be withdrawn.

|                    |  |
|--------------------|--|
| Bill Payer Name(s) |  |
| Bill Payer Email   |  |

Please tick each statement to agree or bring unauthorised permissions to the managers attention for further information:

**Updates to policy and permissions will be updated and issued via Famly and it is important to regularly check your account.**

|  |       |                          |
|--|-------|--------------------------|
| <b>First Aid:</b> We occasionally have to administer first aid to the children, please delete any preparations you do not wish us to use on your child: Sun Cream (min. factor 30)/Antiseptic Wipes/Micropore Tape/Plasters/Cold Compresses.   | Agree | <input type="checkbox"/> |
| <b>Emergency Medical Permission:</b> I confirm that in case of emergency, club staff may involve Emergency Services i.e. Ambulance, A & E Department. (We will always aim to contact you first, but should we have trouble contacting you, this would allow us to start treatment immediately).  | Agree | <input type="checkbox"/> |
| <b>Photographs:</b> I confirm that photos may be taken of my child. Photos will only be used for Funclub displays onsite and on Famly where other Funclub parents may view. Photos will not be publicly published without further consent.   | Agree | <input type="checkbox"/> |
| <b>Outings &amp; Excursions:</b> I confirm that my child may participate in Outings & Excursions by transport or on foot on an on-going basis. <b>This is mainly during school holiday periods if attending our holiday club.</b>  | Agree | <input type="checkbox"/> |
| <b>Data Protection:</b> I give permission for the Funclub to store my information electronically and/or on paper as detailed in the Data Protection Policy. I will keep the club informed of our most up-to-date information at all times.   | Agree | <input type="checkbox"/> |
| <b>Sharing Information with other Professionals:</b> I give permission for the club to seek or share any relevant information pertaining to the care of the child with other professionals involved with the child and/or family.<br><b>This includes during school holidays if attending our holiday club from a different Funclub setting.</b> | Agree | <input type="checkbox"/> |

I confirm that the above information is correct and that I have read fully this form. I understand that a full set of Funclub policies and procedures is available at any time for me to refer to and I agree to comply with the terms and conditions set out therein.

|                | Signed | Printed | Date |
|----------------|--------|---------|------|
| Parent/Carer 1 |        |         |      |
| Parent/Carer 2 |        |         |      |
| For Funclub    |        |         |      |

### GENERAL DATA PROTECTION REGULATIONS 2018

We are required by law to keep certain information regarding you and your child for statutory and for business purposes.

We will not keep any more information than necessary. We will not retain information any longer than the legally required timescales.

This information is kept securely electronically, on our premises in locked cabinets and in locked archive storage.

We will only use your (including your child's) personal information to provide a childcare service to you.

We will not share it except if required by law to do so.

By signing this form you understand the need for us to continue holding and processing your data, and to us sending you information.

Should you wish to view your child's file, please see our Access in Information Policy and Confidentiality & Data Protection Policy.