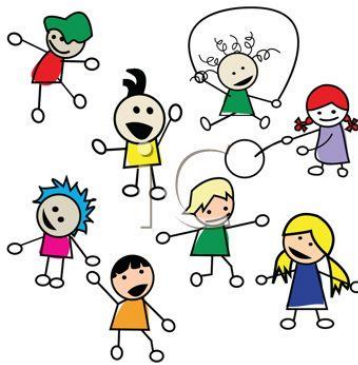


# BURTON MANOR

## HOLIDAY CLUB

## ADMISSION PACK



**Burton Manor Primary School**  
Uplands Road  
Stafford  
ST17 9PS



Tel: 01785 330372

E-mail: [headteacher@burtonmanor.staffs.sch.uk](mailto:headteacher@burtonmanor.staffs.sch.uk)

Website: [www.burtonmanor.staffs.sch.uk](http://www.burtonmanor.staffs.sch.uk)

# Burton Manor Holiday Club



Uplands Road, Stafford, ST17 9PS Tel: 01785 330372

Dear Parents,

Welcome to all Parents and Children joining us. Enclosed is an application and information pack. Please read through the guidance notes to assist you in completing the forms and once completed, return to the School.

The enclosures are:

- Admission Form
- Childcare Agreement
- Parental Responsibility form
- Photo permission form
- Protection and Care Permission form
- Dietary Requirements
- Child Collection and Safeguarding
- Consent to local visits
- Emergency medical treatment

Thank you of your co-operation.



# BURTON MANOR HOLIDAY CLUB ADMISSION FORM

Uplands Road, Stafford, ST17 9PS Tel: 01785 330372

Please read the guidance notes on the reverse of this form before completing

Child's Surname: ..... Legal Surname:.....  
 Forename : ..... Middle Name: ..... Male  Female   
 Date of Birth: ..... Birth Cert checked (office use only)   
 Address: ..... Postcode: .....  
 Parent email address .....

Priority Contacts	Name/ Relationship	Home Address	Telephone/ email
1			Tel: (Home) Tel: (Work) Email:
2			Tel: (Home) Tel: (Work) Email:

Medical Notes/ Dietary Requirements:  
 .....  
 .....  
 Are your child's immunisations up to date YES / NO (Please delete as appropriate)  
 Doctor: ..... Tel: .....  
 Address: .....

Ethnicity: ..... Religion (optional): .....  
 First Language: ..... Additional Language: .....

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Education Authority and with the DCSF.

Parent/Guardians Name: ..... Signature: .....

Date: .....

Guidance Notes:

Childs' details:

**Surname:** Please enter the last name by which your child is known.

**Legal Surname:** Enter the legal surname (last name) of your child. If this has changed since the issuance of a birth certificate, you may be asked to provide evidence of this.

**Forename:** Enter the legal first name of your child and the middle name if applicable.

**Male/Female -** Please state if your child is Boy/male or Girl/female.

**Address:** If the child lives at more than one address, please enter the address where the child lives for the majority of the school week.

**Email Address:** This will be the email address that we will use to send updates and messages.

**Contacts:** Please give the details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted and highlight those with parental responsibility. Please ensure to include the area code with any telephone numbers.

**Medical Notes:** Please include any medical notes, including food allergies, intolerances, food dislikes and any other concerns that you wish the setting to record. Please also specify if your child's immunisations are up to date.

**Doctor:** Please enter the name and address of your child's registered doctor

Ethnicity, Language and Religion:

Please add ethnicity of your child.

**Language -** The first language should represent the language which your child was exposed to during early development and continues to be exposed to in the home or in the Community. If your child was exposed to both English and another language during early development, the language other than English should be recorded (irrespective of fluency in English).

Adding religion to your form is optional.

**Signature:** The full name of the parent/ guardian completing this form, signature and dated before submitting to the setting.

Thank you

Holiday Club/Admission Pack/ Admission Front Sheet

# Burton Manor Holiday Club



Uplands Road, Stafford, ST17 9PS Tel: 01785 330372

## Parental Responsibility Form

Child's Name ..... D.O.B .....

Address .....

Postcode ..... Tel: .....

The following adults live with the child and act as parent:

Full Name	Relationship to child	Parental Responsibility?
		YES / NO
		YES / NO
		YES / NO

The following adults have 'parental responsibility' but do not live with the child:

Full Name	Relationship to child	Address

Are there any court orders which relates to the child?

e.g custody orders/Section 8 Orders under the Children Act 1989 YES/NO

If YES please say what they are: .....

This information will be transferred into school's computer system. Under the Data Protection Act 1984, anyone named above has the right to know that information about them has been collected and given an opportunity to check its accuracy.

This form should be signed by someone with parental responsibility wherever possible.

Name ..... Signed .....

Holiday Club/Admission Pack/ Admission Front Sheet

Date .....

# Burton Manor Holiday Club



Uplands Road, Stafford, ST17 9PS Tel: 01785 330372

Dear Parents,

## Photograph Consent

In accordance with our policy, we will in future require your written permission if you have any objections to your child's photograph being taken while in the setting. Please read through the following list of situations where your child may be photographed or videoed. If you do not object to any of these, please tick each individual box and sign along every box to confirm your permission.

If you object to photographs or videos being taken in any of these situations below, please leave the box empty.

Thank you for your support.



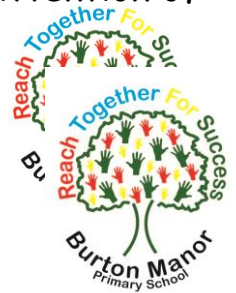
.....

Child's name .....

I give consent for photographs taken:

- To display within the setting  Signed .....
- To publish in local newspapers  Signed .....
- During activities or trips  Signed .....
- To be displayed on our webpage  
(no names will be used)  Signed .....
- Or videoing productions/ sports day  
(May include other parents using equipment)  Signed .....

Please return this form to the school office marked for the Attention of Care Club (Holiday Club). Thank you



# Burton Manor Holiday Club

Uplands Road, Stafford, ST17 9PS Tel: 01785 330372

Dear Parent

## Protection and Care Permission form

Burton Manor Primary School require your consent in relation to the day to day protection and care of your child during their time with us and during certain activities (both indoors and outdoors). Please read the guidance notes on the reverse of this letter before completing and signing this form:



.....

Name of Child: .....

(\* please delete as appropriate)

I give / I do not give\* permission for sun protection lotion to be applied

I give / I do not give\* permission for my child's face & hands to be painted

I give / I do not give\* permission for plasters to be applied

I give / I do not give\* permission for you to change my child's nappy

I give / I do not give\* permission for nappy cream to be applied

I give / I do not give\* permission for you to change my child's clothes

If you do not give permission for any of the above, please specify your preferences below:

.....

Name of parent/guardian ..... Signed.....

Date .....

Holiday Club/Admission Pack/ Admission Front Sheet



## Guidance Notes

### Sun lotion -

We are unable to supply our own lotion in the setting but do ask that if you would like to send your own in, clearly labelled with your child's name on the bottle, then please do so. If this is the case we require your permission for us to apply sun protection lotion to your child as and when required.

Please be aware that without your consent we are unable to do this.

If you do not wish to fill in the form then we ask that you ensure your child has plenty of protection on their skin before arriving at nursery.

### Face Painting -

For planning topics and certain activities we have the opportunity to paint the childrens' hands and faces. Due to some children having sensitive skin, this activity may not be appropriate for all children.

### Plasters -

In the event of cuts/bruises it may be necessary to apply a plaster to your child. We require your permission to apply a plaster in the event of this.

### Nappy Changing/ Nappy Cream -

No child is excluded from the Early Years Foundation Stage who, for any reason is not yet toilet trained and who may still be wearing nappies or equivalent. The school require your permission for us to change your child's nappy, including the use of nappy cream if necessary. If you prefer that a member of staff does not change your child's nappy or use nappy cream, please be aware that you will be called to school to do this if your child has an accident.

### Change of Clothes -

From time to time all young children have toileting 'accidents' or take part in activities eg painting, water play which necessitate a change of clothes, including underwear. If this happen a member of staff will help them to change into dry, clean clothes. If you prefer that a member of staff does not change your child's clothes, please be aware that you will be called to school to do this.



# Burton Manor Holiday Club

Uplands Road, Stafford ST17 9PS      Tel: 3303726 or 0781449301

## Dietary Requirements

Name of Child: .....

Dietary Needs - Please write below requirements for your child including allergies, intolerances, food dislikes and any other concerns. Thank you

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

Name of person completing form .....

Please return this form to Care Club (Holiday Club)

Thank you

# Burton Manor Holiday Club



Uplands Road, Stafford, ST17 9PS Tel: 01785 330372

## Child Collection/Safeguarding form

In the interest of security and safety for your child, would you please complete and return the following:

My Child ..... will normally be collected from the setting by  
(name and relationship to child):

1) .....

2) .....

Please give a password that can be used if you want your child to be collected by someone other than the named person above.

Password: .....

I understand that in the event of somebody different collecting my child I must notify the staff when I drop off my child.

In the event of an emergency and I need to change who will be collecting my child, I understand that I must contact the school and I will ensure the person who is collecting knows my personal password.

### Safeguarding

To support your child with learning and development, safeguarding and health and safety, we require your permission to liaise with other third parties eg Health Visitor, Speech/ Hearing Therapist, Families First, Parent Partnership

I give permission for you to liaise with third parties.

Name ..... Signed .....

Holiday Club/Admission Pack/ Admission Front Sheet

(Parent/ Guardian)

Date.....

Please return this form to the school office marked for the attention of Care Club (Holiday Club)



# Burton Manor Holiday Club

Uplands Road, Stafford, ST17 9PS Tel: 01785 330372

## Consent for Local Visits

As part of the curriculum we would like to support your child's learning by taking them out in the local area. This may be a visit to a park, to the library, to the shops or a short learning walk. All visits would be staffed appropriately and would be risk assessed. To do this we would need your consent. We therefore ask you to consent to local visits for the duration of your child's place in Care Club. You will of course still receive information on all visits that are being planned which involve your child.



.....

### Consent to Local Visit

I give permission for you to take my child ..... out on visits in the local area.

Name: ..... Signed ..... (Parent/  
Guardian)

Date.....

Please return this form to Care Club (Holiday Club)

Thank you

# Burton Manor Holiday Club



Uplands Road, Stafford, ST17 9PS Tel: 01785 330372

## Emergency Medical Treatment

I consent to any emergency medical treatment necessary during the running of the Care Club. I authorise the Care Club staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctors to endanger my child's healthy and safety.



.....

Childs Name: .....

Name of Parent/ Guardian .....

Signed ..... (Parent/ Guardian)

Date.....

If you do not consent to the above then please state below your wishes in the event of a medical emergency.

.....

.....

.....

Please return this form to the school office marked for the attention of Care Club (Holiday Club). Thank you



