

# Selly Oak Out of School Club

## Admission Form and Contract

### Data Protection Act 1998

This information is being collected to administer your child's progress through the education system. It may be shared with the Birmingham City Council Children's Services, the DCSF, Connexions, relevant health and welfare practitioners, Church or faith Authorities and other schools or educational establishments with whom your child becomes associated.

Please complete and email to the OSC Manager, Josie Baxter, [j.baxter@sellyoak-nur.bham.sch.uk](mailto:j.baxter@sellyoak-nur.bham.sch.uk)

Childs Name: ..... Date of Birth: .....

Home Address:

.....  
.....

Post code ..... Home Telephone: .....

Email address: .....

Gender: .....

Ethnicity: .....

Religion: .....

First Language: .....

Special Educational: .....

Mothers Name: .....

Address (if different)

.....

Home / Mobile numbers .....

Work Address / Number:

.....

.....

Fathers Name: .....

Address: (if different) .....

Home / Mobile numbers .....

Work Address / Number:

.....

Who has Parental Responsibility .....

Legal Contact.....

Who else will have legal responsibility to collect your Child

Name 1 .....

Name 2 .....

Relationship to Child .....

Relationship to Child .....

### Emergency Contacts

Name	
Relationship to child	
Address	
Telephone number	

Name	
Relationship to child	
Address	
Telephone number	

GP name	
Address	
Telephone number	

Booking Details	<b>Breakfast Club</b>	<b>After School Club</b>
	7.30am - 8.45.am	3.00pm - 5.45pm
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

What is your preferred start date	
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*A start date will be offered in writing when available.*

**A non-refundable fee of £10 is required on registration  
Cheques should be made payable to Selly Oak Nursery School**

**SCHOOL MONEY/ CHILDCARE VOUCHER**

Name of voucher company: \_\_\_\_\_

**I AM AWARE AND AGREE TO PAY FEES ON THE 9th DAY OF EVERY MONTH**

I give permission for my child to be photographed/videoed YES/NO

I give permission for my child to be administered first aid YES/NO

I give my permission for my mobile telephone number to be stored in the O.S.C. for emergency. YES/NO

Signed Parent/Carer..... Date.....

Signed OSC ..... Date.....

For Out of School use:	
Confirmed start date	
Letter of confirmation sent	
Registration fee received	
Date	

## **FEEES AND PAYMENTS TERMS AND CONDITIONS**

Parents purchasing Out of School Club provision have to pay their fees even when their child is absent, for **whatever the reason**.

Payment of fees is due on the 9<sup>th</sup> of each month, starting on 9<sup>th</sup> September and ending on 9<sup>th</sup> June.

Fees can be paid via our **School Money Scheme** or **Employers Childcare Vouchers**.

Vouchers are paid into the following bank account:-

Barclays Bank. Account Name: Selly Oak Nursery School.

Sort Code: 20-07-82

Account number: 00330159

A record of payments will be available on line via the School Money System. Please check this statement carefully, and if you have a query speak to the Manager or Deputy Manager or Selly Oak Nursery school office.

Parents who attend further education and are in receipt of funding must ensure that their OSC fees are paid on time. Should there be a delay with the payment from collage it is the parent's responsibility to ensure the payments are made on time until the funding is received by the OSC. We are unable to allow OSC fees to build up whilst waiting for collage payments to be made.

### **Fees**

Breakfast club is £7.20 per Session and After School Club is £13.30 per session

### **Late Payments**

Failure to pay by the 9<sup>th</sup> of the month may result in your child's place being withdrawn.

Parents who have not paid their outstanding fees within 7 days, will lose their Out of School Club place with immediate effect.

### **Notice To Leave**

The Out of School Club provision will require at least 4 weeks' notice **in writing** to leave. Fees will be incurred for four weeks from the day notice is given, regardless of attendance.

When the funding ends for externally funded places, parents will immediately become responsible for payment of all fees and charges.

### **LATE COLLECTION OF CHILDREN**

Collection **after 5.45 pm** from After School Club, will incur a **£1 per minute** surcharge in all cases, **due in cash on the day**. **If the club has received no contact from the parent the Out of School Club will refer to its 'Left Behind Children policy'**

**WE ACTIVELY PURSUE ALL DEBTS**, through an external **Debt Collection Agency**.

I agree to the terms and conditions of the fees and payments policy:

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

Parent/Carer

## SELLY OAK OUT OF SCHOOL CLUB MEDICAL RECORDS

All information on this form will be treated as confidential.

Child's Name: .....

Address: .....

.....

Mother's No: H ..... W ..... M .....

Father's No: H ..... W..... M.....

Doctor's Name, Address and Telephone no. (for emergency use only)

.....

.....

Child's NHS number: .....

Name of Health visitor / Social worker (if applicable) .....

### IMPORTANT MEDICAL INFORMATION

Does your child have any of the following conditions? Please circle:

ASTHMA/DIABETIES/EPILEPSY/ECZEMA/OTHER (SPECIFY)

My child's symptoms are / can be caused by.....

The first indication that my child is about to suffer an attack are?

.....

Are there any medications your child is taking regularly? .....

.....

Emergency treatment when needed? .....

IMPORTANT DIETARY INFORMATION

Does your child have any special dietary requirements/exclusions? .....

.....

Does your child have any allergies? .....

Other comments: .....

No medicines not prescribed by a doctor will be given at any time

If a child feels sick whilst at the club, they will be seated in a quiet part of the room with a member of staff. If necessary the parent will be asked to collect the child early.

If your child has an infectious disease they will not be admitted to the OSC.

**SERIOUS ACCIDENT/EMERGENCY - In the event of a more serious injury I understand that all reasonable attempts will be made to contact me. However I agree that medical and dental treatment may be given to my child if necessary, including the administration of a general anaesthetic and to surgical operations in the case of an emergency, in accordance with the recommendation of a medical practitioner**

I WILL INFORM THE OSC OF ANY CHANGE IN ANY OF MY CHILD'S CONDITIONS OR MEDICATION, AND SIGN A NEW CONSENT FORM GIVING DETAILS OF THE INFORMATION.

Signed ..... Date: .....  
(Parents signature)

Signed ..... Date .....  
(On behalf of OSC)

IN AN EMERGENCY, PLEASE CONTACT

1. Name:  
Relationship to child:  
Telephone No:

2. Name:  
Relationship to child:

**Telephone No:**