

# Parklands Learning and Care Centre Admissions Form.

Child's Full Name:.....

Name to be used at PLACC:.....

Date of Birth: .....Gender: .....

School Attended:.....

Ethnicity:.....Religion (If any): .....

Languages Spoken: .....

Names of Parents/ Carers who have legal contact and/or parental responsibility for that child:

.....

Home Address:

.....

.....

Home Telephone Number: .....

Mobile Number: Mother : .....

Mobile Number: Father.....

Email Address: Mother.....

Email Address: Father.....

Parents / Carers Place of Work: Mother .....

Work Number:.....

Parents / Carers Place of Work: Father.....

Work Number.....

Parents/ Carers Daytime Number Mother: .....

Parents/ Carers Daytime Number: Father.....

Other Emergency Contact

Details:.....

Child's Name:.....

Names of Persons Authorized to Collect Your Child ( Including Contact Telephone Numbers)

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.....  
.....

Details of Any Significant Health Issues( Including Special Educational Needs or Physical Disabilities Statement)

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Details of Any Special Dietary Requirements, Allergies .

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Record of Immunisations (Including dates):.....

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Child's Name: .....

Do you consent for members of staff at PLACC to apply sun cream to your child in hot weather conditions? YES / NO

Any Other Relevant Information :.....

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.....

# Parklands Learning and Care Centre

## Emergency Medical Treatment Form

**Child's Name:** .....

**Date of Birth:** .....

**Doctor's Name:** .....

**Doctor's Address:** .....

**Doctor's Telephone Number:** .....

**Any Relevant Medical Information:**.....

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**Parent/Carer's Name:** .....

**Address:** .....

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**Emergency Contact Number:** .....

**Child's Medical Number:** .....

In the event that my child is involved in a serious incident while at PLACC, I expect the Manager, or designated member of staff to contact me immediately on the above emergency contact number. In the event that my child requires immediate medical treatment before I will be able to get to the hospital, I hereby authorise the Manager, or a delegated member of staff to consent to emergency medical treatment on my behalf. I understand that this authorisation will remain valid unless I contact the Manager to withdraw it. It is important that emergency contact numbers are additional people to the parents/carers. In the event of an emergency PLACC will contact the parents/carers in the order specified. However, there may be occasions when parents/carers cannot be contacted and therefore we require another adult emergency contact number.

Signature of Parent/Carer.....Date.....

## PHOTOGRAPHS AT PLACC.

Photographs may be taken by staff for display purposes in Placc & sometimes the child's first name will be given under the displayed pictures.

From time to time, for publicity purposes, the local press visit to cover Placc events for inclusion in a local newspaper or other local journal. Usually only first names of children will be given.

Also we have a website that we would like to use to advertise PLACC and to show the types of work your child/ren may do while attending PLACC.

Please tick the boxes below to show your preferences.

	YES	NO
Permission is given for my child's photo to be used to display around PLACC		
Permission is given for my Child's photo to be used for advertising purposes such as posters, flyers, newspapers etc...		
Permission for my child's photo to be used in regards to PLACC's website		

## OFF SITE VISIT

From time to time, throughout the year PLACC would like to plan activities, which could involve the occasional visit off the PLACC site. Where such a visit involves cost and/or transport, PLACC will always write seeking permission for the respective trip. Where off site visits are local and involve walking we ask parents to sign an indemnity slip (below) giving their permission for all such visits. This is on the understanding that the children will always be accompanied by a member of staff and at least at the recommended ratio of staff to children.

Examples of such visits would be an activity at  
Bradlaugh Fields or one of our local parks

I consent for my child.....

Taking part in local walks, visits etc which may require him/her to leave PLACC premises.

I understand that such visits will not require any form of transportation and will be fully supervised by PLACC staff.

Signed

(Parent/Carer).....Date.....

Print Name.....

## **Parent/Carer Contract**

I hereby consent for my child to take up a place at Parklands Learning and Care Centre, according to the terms and conditions set out in its policies and procedures.

I have understood the expectations and obligations relating to both myself and PLACC and agree to abide by them.

I understand that persistent late or non-payment of fees will jeopardize my child's continued attendance at PLACC.

I confirm that the above information given is correct and I promise to contact the Manager as soon as any of the above details change.

If you have any questions or comments please contact the Manager.

NAME OF PROVIDER:	Parklands Learning and Care Centre Parklands primary School Spinney Hill Road Northampton NN3 6DW
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PUBLIC LIABILITY INSURANCE:	Sterling Insurance Policy Number 704059
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I have read and agree to PLACC's registration, terms and conditions.

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

On behalf of PLACC.....Date.....