



### Admissions Form 2016/2017

Childs Full Name.....  
Name to be used at Dolphins.....  
Date of Birth.....Age.....  
Ethnic Origin.....Religion.....Language Spoken.....  
Home Address.....  
.....  
.....Postcode.....  
Home Tel No.....Email:.....

1. Parent/Guardian.....  
Does this person have legal contact with the child? **Yes/No**  
Does this person have parental responsibility for the child? **Yes/No**  
Work Address.....  
.....  
Work Tel No.....Mobile No.....
2. Parent/Guardian.....  
Does this person have legal contact with the child? **Yes/No**  
Does this person have parental responsibility for the child? **Yes/No**  
Work Address.....  
.....  
Work Tel No.....Mobile No.....

Other Emergency Contacts  
Name.....Relationship.....  
Home Address.....  
.....  
.....Postcode.....  
Home Tel No.....

Who has parental responsibility? .....

Addition information Residency /Contact orders etc.....  
.....  
.....

Doctors Name.....  
Surgery Address.....  
.....  
.....Postcode.....  
Tel No.....

People authorised to collect the child

Name.....Relationship.....  
Name.....Relationship.....  
Name.....Relationship.....  
Name.....Relationship.....

Details of any significant health issues (including special educational needs and/or any impairments).....

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

Record of Immunisations.....

.....

Details of any special requirements, allergies, significant food or drink preferences.....

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

Are you working with any other agencies? (e.g social worker, children’s centre etc).....

.....

Any other relevant information.....

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

Please state which sessions you would prefer (Please note: this does not guarantee you a place)

.....

I hereby consent for my child to take up a place at Dolphins Out of School Club (any or all of Breakfast, After School or Holiday Club), 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 Dolphins and agree to abide by them.

I understand that persistent late or non-payment of fees will jeopardise my child’s continued attendance at Dolphins.

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

How did you find out about Dolphins: Disc, Leaflet, Pre-School, Website, Facebook or other.

Signed.....

Date.....

If you have any questions or comments please get in touch with the manager.

In accordance, with section 3.71 of the Ofsted Statutory Framework for the Early Years Foundation Stage.



**Consent Form  
2016/2017**

Name of child.....

Do you give your consent for your child to be taken for walks away from the Dolphins premises? Trips that are further from the adjoining playing fields or that involve motorised transport will need a separate consent form which will be issued at the time of the trip.

**YES/NO**

Do you give consent for Dolphins to share relevant information about your child with the school that your child attends?

**YES/NO**

Do you give your consent for your child to be photographed for display purposes in the Dolphins rooms and for publicity for Dolphins?

**YES/ NO**

Do you give your consent for Dolphins staff to apply plasters to your child if required?

**YES/ NO**

Do you give your consent for your child to be involved in staff training exercises that may involve your child being observed?

**YES/ NO**

Do you give your consent for your child to participate in face painting?

**YES/ NO**

Do you give your consent for your child to watch PG Certificate films, if deemed suitable by Dolphins staff?

**YES/ NO**

Do you give your consent to allow Dolphins staff to apply sun cream?

**YES/ NO**

Do you give your consent to allow your child to participate in water play?

**YES/ NO**

Parent/carer signature.....

Date.....

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**Parental Permission Form-Emergency Medical Consent**

In order for staff to ensure that your child receives the best and most appropriate care, attention and treatment should there be an emergency in the provision or while on out on an authorised outing, you need to complete, sign and date the declaration below.

Full Name of Child.....  
 Date of Birth.....  
 Name of Parents/Guardians.....

Declaration for Emergencies.

I agree to the manager of Dolphins to take the necessary steps to ensure that my child receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the provision, or while my child is on an authorised outing. I understand that the manager will make every effort to inform me of any emergency or accident as soon as possible after the event, but they may have to accompany my child to hospital in the case of a serious accident in my absence. I give permission for the manager to authorise hospital staff to administer essential treatment until my arrival.

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

***If you do not agree with any or all of the above declaration, please do not sign it but make your views known in the space below. The manager will then discuss this with you and do their best to accommodate your particular wishes.***

I do not agree with the declaration and would prefer the following procedure to be followed for my child in the event of an emergency.

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

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

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## PG FILMS – PERMISSION TO VIEW

CHILD'S NAME \_\_\_\_\_

Following a comment from a parent, Dolphins has decided to review its policy towards 'PG' (Parental Guidance) rated DVDs. Until now, we have had one simple question on your child's permission slip – 'Do you consent to your child watching 'PG' films?' However, 'PG' rated films come in various genres, some rated PG because of just one short scene (e.g. 'The Snowman') and others for more extensive coverage (e.g. 'Harry Potter'). Unfortunately, human nature always results in widely differing views as to what rating films should be given, so we have decided to change our policy.

We have now decided that it would be better to list all of the 'PG' in our library and seek your permission on a film-by-film basis. Should we obtain other films in future, we will obviously consult again.

In future, should one or more children ask to watch a particular film, we will ensure that they will be in a 'closed environment' where others will not be able to disturb them.

Please indicate alongside each title listed below whether (or not) you consent to your child viewing the film.

Harry Potter and the Prisoner of Azkaban	YES/NO
Power Rangers SPD	YES/NO
Madagascar 3 – Europe's Most Wanted	YES/NO
Transformers Armada	YES/NO
Batman the Movie – DC Super Heroes Unite	YES/NO
A Cinderella Story	YES/NO
Handy Manny Movie Night	YES/NO
Around the World in 80 Days	YES/NO
Power Rangers Dino Thunder	YES/NO
Frozen	YES/NO
The Snowman	YES/NO
Open Season / Cloudy with a chance of meatballs / Surfs Up	YES/NO
All Stars	YES/NO
Hotel Transylvania	YES/NO
Monsters vs Aliens	YES/NO
Transformers – Beast Wars	YES/NO
Alice in Wonderland	Yes/NO

Signed \_\_\_\_\_ Date \_\_\_\_\_

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DOLPHINS



Out of School Club

### My school

Child's Name .....

Address of my school .....

.....

.....

.....

Telephone number.....

The name of my class teacher .....

What year am I in .....



### Terms and Conditions

1. Parents are asked to either pay monthly in arrears on receipt of a bill, or weekly in arrears. We are happy to accept payment by cheque, cash, via childcare vouchers or via internet banking within 14 days on receipt of a bill or 14 days from the child's previous session. We do ask that parents/carers pay promptly so as to enable us to fulfil our financial commitments.

In the event that a bill or payments remain outstanding, a letter will be sent to the parents a further 28 days later, reminding parents/carers that payments are due.

If after a further period of 28 days the monies remain outstanding the committee will review the case and decide on the best course of action.

If there are extenuating circumstances which prevent parents/carers from fulfilling their financial commitment, alternative arrangements can be made at the discretion of the committee.

2. There is an enrolment fee of £15.00 per family. This will reserve your child(ren)'s place(s) until it/they is/are required.
3. Parents/carers will be charged the session fee if their child does not arrive at Dolphins, unless the manager has received at least 24 hours notice.
4. Parents are asked to confirm that the information above is correct and to contact the manager as soon as any details change.
5. If your child has had to go home prematurely due to illness, they should remain at home until they are better or for at least 48 hours.
6. If your child has a notifiable disease as identified in the Public Health (Control of Diseases) Act 1984, we will be required to inform OFSTED.

Signed.....

Date.....