OASIS

 C/O Otford Primary School

High street, Otford, Kent TN14 5PG

Tel: 01959 522364 / 07825 600876

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After School Club

*Enrolment Form*

Please supply all information requested and return this form to Otford Primary School’s office or Otford Nursery. Please complete this form using BLOCK CAPITALS.

Child’s Full Name:……………………………………………………………………............................

Date of Birth: ……………………………… Home Telephone Number: ………………………….

Mother’s Name & Address: Father’s Name & Address:

………………………………………….. ……………………………………………………….

………………………………………….. ……………………………………………………….

………………………………………….. ……………………………………………………….

Which parent/carer does your child normally live with? ………………………………………………

Who has legal contact? (Who has parental responsibility) ………………………………………………..

E-mail Address: …………………………………………………………………………………………

Two emergency contact telephone numbers:

…………………………………………… Contacts signature:………………………….…………….

…………………………………………… Contacts signature:…… …………………………………..

**Please reserve a place for my child at Oasis commencing: ………………………………….............**

Please tick which session you would prefer and give a clear indication of hours you will require:

**Monday Tuesday Wednesday Thursday Friday**

**3.30 pm to \_\_\_\_ 3.30 pm \_\_\_\_\_ 3.30 pm \_\_\_\_\_ 3.30 pm \_\_\_\_\_ 3.30 pm \_\_\_\_\_**

Enrolment fees will be £4.00 until 4.30pm, £8.00 until 5.30pm or £10.00 to 6.00 pm. Fees will be due at the start of each half term. Payment will still be due if a child does not attend for any session due to sickness or holidays taken during term time. **Half a term’s notice should be given when reducing or cancelling sessions. One off sessions need to be paid for on collection.**

Details of any dietary requirements / any allergies your child may suffer from: ……………………….

…………………………………………………………………………………………………………...

Does your child have any health requirements? …………………………………………………………

……………………………………………………………………………………………………………

Are all your child’s immunisations up to date? (please specify): ………………………………………

…………………………………………………………………………………………………………...

Name and address of child’s doctor: ……………………………………………………………………

…………………………………………………………………………………………………………...

How would you describe your child’s ethnicity or cultural background? ………………………………

…………………………………………………………………………………………………………...

What is the main religion in your family? ………………………………………………………………

What language(s) is/are spoken at home? ………………………………………………………………

If English is not the main language spoken at home, will this be yours child’s first experience of being in an English speaking environment yes/no (please delete). If so please discuss/agree how we can support your child when settling into Oasis.

…………………………………………………………………………………………………………...…………………………………………………………………………………………………………...

Does your child have any special needs or disability? Yes/no (please delete)

Please give details: ……………………………………………………………………………………..

What special support will he/she require at Oasis? ……………………………………………………

………………………………………………………………………………………………………….

………………………………………………………………………………………………………….

Children occasional have minor accidents, please state if your child has an allergic reaction to plasters:

…………………………………………………………………………………………………

**I understand that Oasis After School Club will collect, store and share, where applicable the information detailed above that relates to myself and my child.**

**(Please see the Data Protection Privacy and GDPR statement for further details on our commitment, sharing information and security).**

Parent / Carer ……………………………………. Dated:…………………………………………….

Parent / Carer ……………………………………. Dated:…………………………………………….

**(All parent/ carers on this form must sign to allow us to hold their information)**

**START DATE: …………………………………….. LEAVING DATE: ………………………..**

Where did you hear about Oasis? ………………………………………………………………………

**Consent requirements for:**

**………………………………………………..**

**For Oasis to comply with the new Safeguarding procedures and GDPR 2018, we need to obtain permission from yourselves regarding how we handle sensitive information and care for your child/children.**

**Please read this document careful and fill it in and return it with your enrolment form to Angela Harris.**

I **give/do not give** permission for my child’s name and photograph to be used on the Otford Nursery & Oasis after School’s Digital Photo Frame and on displays inside the Nursery and Oasis after school club.

**Parent/Carer Consent to take photographs:** At different times throughout your child’s time at Oasis after school club, photographs will be taken during some of our activities, both alone and in groups. These will be used to document their experiences. Please delete and sign below:

I **WOULD/WOULD NOT** like my child to be photographed throughout his/her time at Oasis after school club.

**I WOULD/WOULD** NOT like my child to be photographed as part of a group, throughout his/her time at Oasis after school club.

My Child **ATTENDS/DOES NOT** ATTEND another setting

(namely……………………………………………………………………………………………..…………………..….)**Eg.School, Nursery**.

I **give/do not give** permission for Oasis after school club to contact them in order to develop a successful working partnership with all your child’s carers to ensure continuity of care and support to both child and family.

**Parent/Carer Consent to Information Sharing:** In order to help you or your family, we may, at times, need to share information with other professionals, i.e. teachers, doctors, speech therapists and social workers. This helps us to understand your needs and organize services to meet them. I agree to information being shared and discussed between ourselves and other agencies to help me/my child. I understand that I will be consulted before and following these discussions regarding future planning and actions.

Please refer to our Data Protection and GDPR Statement.

**Parent/Carer Consent for child/children to be taken out as part of daily activities**:

I **give/do not give** consent for my child to be taken off Oasis after school’s premises for planned activities during session times. Your permission will be sought before each off-site activity, eg Park. Full risk assessments are carried out for local trips/outings).

**Emergency treatment:**

In the event of an emergency: I give my permission for my child to be taken to hospital and treated accordingly. (I have read the First Aid Policy of the Nursery & Oasis and agree to comply with them)

**Parent/Carer Signed: …………………………………… Date: ……………………………………..**

At no time and under no circumstance is your child’s name recorded or associated with a photograph on our website, digital photo frame or display boards. This is in accordance with the Safeguarding guidelines set out by Kent County Council Children’s Safeguards Unit. For more information please see our Online Safety Policy and Procedure including mobile phones and cameras.

Following these Safeguarding guidelines, we need your signed permission for all the ways we use personal information. Please return the signed form to Angela Harris as soon as you are able.

If you have any questions or concerns regarding personal information that we hold, please speak to Ian Saunders or Angela Harris. Our website address: [www.otfordnursery.co..uk](http://www.otfordnursery.co..uk)