

Bridges Out of School Club

Head Office: -Windmill House, St Cuthbert's Road, Gateshead NE8 2EL

Telephone: 0191 4773233 Fax: 0191 4778302 Email: info@bridgesnursery.co.uk



Reservation Form - OUT OF SCHOOL CLUB ONLY

Child's details:

Surname:		Forenames:	
Known as:		Date of Birth:	
Gender: Male / Female	Ethnic Origin/Religion:		First Language:
Home address:			Postcode:
Name of School child attends:			
Entry Password:			
Password prompt question:			

Parent/carer details

Relationship to child:			
Surname:		Forenames:	
Parental responsibility: Yes / No		Mobile number:	
Home telephone:		Work telephone:	
e-mail address:			
Home address:			Postcode:
Work address:			
Authorised to collect child: YES/No			Postcode:

Parent/carer details

Relationship to child:			
Surname:		Forenames:	
Parental responsibility: Yes / No		Mobile number:	
Home telephone:		Work telephone:	
e-mail address:			
Home address:			Postcode:
Work address:			
Authorised to collect child: YES/NO			Postcode:

Bank account number:		Sort code:	
Bank address:		Postcode;	
Expected date of entry to nursery:		Sessions required:	

***PLEASE NOTE THAT IT IS NURSERY POLICY THAT WE REQUIRE ONE MONTH'S NOTICE IN WRITING IF YOUR CHILD IS TO LEAVE NURSERY, OR ONE MONTH'S FEES IN LIEU OF SUCH NOTICE.**

Signed:		Date:	
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Entry Records

Named adult authorised to collect child (If different from parent's details)

Full Name:	Relationship to child:
Parental responsibility: Yes / No	Mobile number:
Home telephone:	Work telephone:
e-mail address:	
Home address:	
	Postcode:

Named adult authorised to collect child

Full Name:	Relationship to child:
Parental responsibility: Yes / No	Mobile number:
Home telephone:	Work telephone:
e-mail address:	
Home address:	
	Postcode:

Named adult authorised to collect child

Full name:	Relationship to child:
Parental responsibility: Yes / No	Mobile number:
Home telephone:	Work telephone:
e-mail address:	
Home address:	
	Postcode:

Emergency Contacts

Emergency contact 1

Full name:	Relationship to child:
Preferred telephone:	Second telephone:

Emergency contact 2

Full Name:	Relationship to child:
Preferred telephone:	Second telephone:

Emergency contact 3

Full name:	Relationship to child:
Preferred telephone:	Second telephone:

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Health / welfare details

Doctor

Doctors full name:

Address:

Postcode:

Telephone:

Social Worker (social services)

Social workers full name:

Address:

Postcode:

Telephone:

Any other professional or agency working with your child e.g. speech therapist/occupational therapist/paediatrician / hospital etc.

Full Name:

Address:

Postcode:

Telephone:

Reason:

Early History

Does your child have any additional needs or disability?: (including premature birth or development needs)

(please ask for further information from our office team if you are unsure of any of these sections)

Does your child require any special access requirements? Yes / No

If yes please give details:

Procedure for Children with an Allergy

Does your child have any allergies? YES/NO If yes please explain type of allergy?

Symptoms/reaction:

Treatment:

Medication required:

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All about your child

Child's Name:

D.O.B:

Start date:

General Information about your child. Please answer these questions in as much detail as possible. This will help us to get to know your child and help him/her to settle in quickly.

What is the usual language spoken at home?

What are your child's interests?

What are your child's favourite foods?

What does your child like to do? (toys, games, outings, activities, places etc.)

Is there anything special that you feel we should know about your child?

Identification

To meet current legislation and Ofsted directives we are required to request and receive recognised identification of your child. This can include either a valid passport or a birth certificate.

Please issue this to our office team.

I have issued identification for my child.

Yes

No

Received by (Staff)

Signed:

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Parental Consents

While your child is in our care we aim to provide him/her with lots of experiences for learning. We do not exclude any child from participating fully in all aspects of Out of School Club, therefore we request consent for the following:-

Comfort Policy

We believe that all children need to feel safe, secure and happy. This involves being responsive to children's needs, whilst maintaining professionalism. This may include giving children comfort and **cuddles** on occasions where it is appropriate. Comfort will be given when sought by children, in view of other children, staff and parents.

What is acceptable comfort to you and for your child ?

Photographic/Image Consent

Photographs of the children are taken regularly to be used for display work, as evidence of providing activities and most importantly to allow parents to see their child/children enjoying their time at The Out of School Club. We would like your permission to photograph /film your child

My child's photograph/image can be taken within the Out of School Club	Agree	Disagree
My child's photograph can be taken as part of the annual photograph day (if applicable)	Agree	Disagree
My child's photograph/image can be taken for possible inclusion in our publications, websites/facebook and other publicity material.	Agree	Disagree

Transporting children

We would like your permission to transport your child to and from Bridges nursery & Out of School Club

My child can be transported by car/public transport/taxi to and from Bridges (as required)	Agree	Disagree
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Administration of Medicines

Medication will only be administered by a fully first aid trained senior member of staff or a member of management.

I give my consent for my child to be administered Calpol as an emergency response to lower a temperature. (this should be supplied from home)	Agree	Disagree
I understand that at all other times I will complete a medical form in advance and only prescribed medications can be administered	Agree	Disagree

I give my consent to my child receiving any medical treatment which is urgently necessary:

Signed (parent/carer):

Date:

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I give consent for the following to be applied to my child (please circle)

Sun Cream Adhesive Dressings face paints

Signed(parent/carer):

Date:

I understand that any carer, who suspects that a child in his/her cares may have been abused or neglected or has concerns about the safety of a child has a duty to report this to the Social Services Department.

Signed (parent/carer):

Date:

I give consent for information about my child to be shared with other relevant professional, included but not limited to the nursery's designated linked health visitor.

Signed (parent/carer)

Date:

Out of school visits/activities

I hereby agree to my son/daughter participating in recognised activities on and off site.

I understand that:-

I will be informed of the dates and nature of the activities prior to them taking place and will consequently have an opportunity to revoke this general consent, if in a particular situation, I wish to do so. (outings Form will be completed each day)

Such activities will not often extend beyond the nursery day, however if occasionally they are likely to do so, adequate advance notice will be given so that I can decide whether or not to consent to this and if so, make appropriate arrangements for my child's safe return home.

My permission will be sought for any out-of-school activities - which could involve extra expense, extended journeys or times or hazards. (Full risk assessments will be carried out)

All trips must be booked and paid for, as spaces are limited. This payment is none refundable even if a cancellation is made.

All reasonable care will be taken of my child in respect of the activity/visit.

My child will be under an obligation to obey all directions given and observe all rules and regulations governing the visit/activity.

Any medical condition or physical disabilities will be notified to the nursery/out of school club as and when they arise.

All children will be covered by the nursery insurance

Signed:

Please use this space provided below to give us any other information that supports us to provide the best possible individual care for your child (e.g. routines, diets, personal circumstances etc)

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Out of School Club Contract

Childs Name:	D.O.B
Address:	
Days required:	Commencing:
Before/after school care has been arranged from: (school name)	
Holiday care required for: (days)	
<ol style="list-style-type: none"> 1. All days booked are to be paid regardless of whether the child is at school or not during term time. 2. All fees to be paid in advance on the 1st day of each month. 3. School holidays to be arranged and paid for in advance. 4. Any extra days will have to be paid for when booked. 5. One months notice must be given on the 1st day of the month only, before the termination of the contract, or one month's fees in lieu of such notice will become due immediately. 6. Failure to commence after the contract is signed with place reserved will result in one months notice fee being due immediately. 7. I give permission for my child to be transported by car/public transport. 8. I give permission for my child to receive Emergency Medical Attention if required. 9. I give my consent for my child to leave nursery premises for outings, which are properly supervised. 10. Snack is served on a self-service basis , where necessary an alternative will be provided 11. Child Protection Information-Parents/carers/guardians should be aware that the nursery has a child protection policy. The nursery will take any reasonable actions to ensure the safety of its pupils. In cases where the nursery has reason to be concerned that a child may be subject to ill treatment, neglect or other forms of abuse, staffs have NO ALTERNATIVE but to follow LSCB (Local Safeguarding Children board) procedures and follow company policy and inform the relevant external agencies. 12. Any parent or authorised adult collecting your child, who in the opinion of the manager or person in charge, is under the influence of alcohol/drugs, will not be allowed to collect and social services will be contacted 13. Parents/Carers/Guardians should be aware that we hold information such as personal details, attendance records, medical information etc, and in doing so we have to comply with the Data Protection Act. We will not give out this information to anyone outside of the Bridges Nursery, without your consent, unless the law allows us to do so. 14. Under no circumstances will I approach a member of staff with the view to employing them. If such a situation occurs I will be liable to pay the nursery compensation/agency fee of £5,000.00. 15. I give consent for my child to be photographed at nursery as part of activities / events/ outings. 16. The Health and Safety of everyone is paramount to us and in the event of adverse weather conditions, which are beyond our control, the Nursery may be unable to open or may close early. We do not offer refunds or credits in this instance. 17. The Bridges Nursery has the right to terminate this contract with/or without one month's written notice. 	
I/We have read the above information and understand the contents of the contract I/We are entering into with Bridges Nursery School.	
Signed:	Parent/Guardian
Signed:	Parent/Guardian
Signed: (Manager)	Date:

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Out of School Club - Drop offs and Collections

I hereby agree to my son/daughter being dropped off and collected from school and I agree to the terms and conditions listed below:

1. All bookings and amendments must be made in writing. Casual bookings are more at risk of being missed from the collection list, although we will make all efforts to ensure this does not happen. However if such an instance occurs a member of staff will be deployed immediately to collect the child.
2. Children will be taken to school and collected by the following methods: walking, taxi, public transport or staff vehicles. Schools that are in close proximity to each other may be joined together when necessary, this will not affect your child's normal collection time.
3. Parents are asked to inform their child's school which days Bridges will be collecting their child/children and give Bridges telephone number as contact.
4. Bridges strive to collect and drop all children on time, however due to unforeseen circumstance such as weather conditions, traffic, staff illness or a car fault, which may cause delay.
5. Children will be under an obligation to obey all directions given and follow nursery rules.
6. Children must wear a high visibility vest upon drop off and collection.
7. Staff will have a first aid kit and nursery mobile with them at all times.
8. Child car seats will be used where appropriate.
9. School teachers will sign Bridges school run form upon drop off or collection of your child.
10. We will ensure the schools have Bridges contact details to use when necessary. This will be for drop off and collection purposes only, not if your child is ill or has an accident at school.

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