



Dunblane Nature Kindergarten Out of School Care

Ramoyle, Dunblane, Stirlingshire, FK15 0BD

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www.dunblane-nature-kindergarten.co.uk

TW: @Dunblanenature

FB: [Facebook.com/dunblanenaturekindergarten](https://www.facebook.com/dunblanenaturekindergarten)



Application Form

Child's Details			
Full Name of Child:		Preferred Name:	
Date of Birth:		Sex:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Address:			
Address:			
Postcode:		Home Phone:	

Child's Background	
Child's Religion:	Child's Ethnic Group:
What is the first language spoken at home ?	
Is there any other language spoken at home ?	

Parent's Details			
Parent's Name:		Mobile:	
Email:			
Home Address (if different from child's):			
		Home Phone:	
Occupation:		Employer:	
Work Email:		Work Phone:	

Parent's Details			
Parent's Name:		Mobile:	
Email:			
Home Address (if different from child's):			
		Home Phone:	
Occupation:		Employer:	
Work Email:		Work Phone:	

Who has parental responsibility ?	
Name:	
Name:	
Are there any contact restrictions ? (if yes please give details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	

Other Emergency Contacts			
Name :			
Telephone Number:		Relationship to child:	
Name :			
Telephone Number:		Relationship to child:	
Name :			
Telephone Number:		Relationship to child:	

Out of School Care Session Plan								
Start Date:								
Day	Morning	Y/N	Morning	Y/N	Afternoon	Y/N	Afternoon	Y/N
Monday	7:30am-8am		8am-9am		3pm-6pm		6pm-6:30pm	
Tuesday	7:30am-8am		8am-9am		3pm-6pm		6pm-6:30pm	
Wednesday	7:30am-8am		8am-9am		3pm-6pm		6pm-6:30pm	
Thursday	7:30am-8am		8am-9am		3pm-6pm		6pm-6:30pm	
Friday	7:30am-8am		8am-9am		3pm-6pm		6pm-6:30pm	

Collection Arrangments			
Who is authorised to collect your child other than parents ? Your child will only be allowed to leave Out of School Care with people listed here. Any changes to this information should be made in writing to your Out of School Care Manager.			
Name:		Relationship to child:	
Name:		Relationship to child:	
Name:		Relationship to child:	
As an extra precaution you may use a password. Anyone collecting your child should be made aware of this.			
Password:			

Doctor's Details			
Doctor's Name:			
Doctor's Address:			
		Doctor's Telephone Number:	
Health Visitors Name:		Health Visitors Number:	

Medical Details
<p>Medical Details</p> <p>Does your child have any medical conditions we should be made aware of ? Please give details:</p>
<p>Allergies</p> <p>Does your child have any allergies we should be made aware of ? Please give details:</p>
<p>Long Term Medication</p>

Is your child on any long term medication we should be made aware of ? Please give details:

Special Dietary Requirements

Does your child have any special dietary requirements ? E.g. Vegetarian. Please give details:

Other

Is there any other information related to the care of your child of which we should be aware?

Permissions - Do you give Out of School Care (OSC) permission to:

Do you give OSC permission to take photographs of your child for development files ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give OSC permission to use photographs for promotional purposes ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give OSC permission to use photographs on social media sites ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give OSC permission for your child to be filmed for promotional videos ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give OSC permission to take your child on outings to the park, woodland & local shops?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give OSC permission to administer first aid ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give OSC permission to take your child to hospital ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I consent to any necessary or emergency medical treatment to be sought and administered, including anaesthetic and blood transfusions, as considered necessary by the medical authorities	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature:

Date:

Registration and Deposit

Registration Fee: No Registration Fee

Deposit: No Deposit

I understand and acknowledge that the fee due for my child's OSC place is to be paid per calendar month and is paid one month in advance, directly into the bank and non refundable in case of absence. I further agree to give one month's notice or payment in lieu of notice if I wish to withdraw my child from OSC. I understand that failure to pay said fees may result in loss of childcare provision.

Signature:

Date:

Any personal information you provide to us will only be used by us and our service provider, The Bertram Nursery Group Ltd. We will not pass on any of your personal information to third parties in accordance with The Data Protection Act 1998.