

## APPLICATION FOR ADMISSION - BRIDGES 20/21

Child's Name: ..... Date of birth: .....

Email:.....

I wish to apply for a place for my child to attend Bridges. I understand that the cost will be £4.00 per hour per child and that I will be charged a minimum of one hour's full care and every fifteen minutes thereafter.

Fees must be paid monthly in advance. If you wish to pay weekly please contact Bridges/Deepa Chandrasekaran to pre-arrange.

You will be contacted by the Bridges Manager to confirm any spaces booked.

Start Date: .....

### Please state exact times and days required within the following sessions

	Breakfast Childcare <i>(Put a tick in relevant box)</i>		After School Childcare Between 3.15pm and 6.00pm (£4.00 per hour)	
	7.30-8.30am (£4.00)	8.00-8.30am (£2.75)	From	To
Monday			3.15pm	
Tuesday			3.15pm	
Wednesday			3.15pm	
Thursday			3.15pm	
Friday			3.15pm	

Children are provided with a drink and healthy snack during the session. Hot teas are provided to all children that attend Bridges after 4.30pm, this is given to the children in the school hall.

If your child has special dietary needs please ensure this is discussed with staff at an early stage to enable appropriate provisions to be made.

As a parent, we ask that you sign and agree to the behaviour expectations at Bridges, details can be found in the attached 'Information Booklet to Parents'.

All care applied for on this form is for term time only.

Please refer to 'Bridges Childcare – Information Booklet for Parents/Carers' for further details.

Signed: Parent/Carer .....

Print Name: ..... Date: .....

## BRIDGES - CONTACT INFORMATION FORM 20/21

Child's Name:..... Date of birth:.....

Sex:..... Religion:..... Ethnic Origin:.....

Child's First Language:..... Disabled: YES / NO

Home Telephone:..... Mobile:.....

Home Address: .....

..... Post Code:..... Email:.....

Mother's Name:.....

Father's Name:.....

Place of Work:.....

Place of Work:.....

Work Tel No: .....

Work Tel No: .....

**Emergency Contact**

Name: .....

Family Dr's Name:.....

Address:.....

Surgery:.....

.....

Tel No: .....

Tel: .....

Should it not be possible to contact you in an emergency, do you agree to allow the supervisor to take action and make decisions on your behalf, acting on expert medical advice?

Relationship to Child:.....

YES / NO

Essential Medical Information:.....

.....

Any Special Dietary Requirements:.....

Date of Last Tetanus:.....

Please supply the names of all the people that are authorised to collect your child(ren);

Name:	Relationship to Child	Contact Numbers:

Do you agree to allow your child to be taken on short trips by the staff of Bridges (e.g. park or shops)? YES / NO

Do you give permission for your child's photograph to appear in newspaper articles relating to Bridges? YES / NO

Do you give permission for your child's photograph to appear on the school's website? YES / NO

I understand that any carer who suspects that a child in his/her care may have been abused or neglected, has a duty to report this to the Social Services Department. Please refer to Contract Booklet for further information.

Signed Parent/Carer ..... Date: .....