## **Kidzone Application Form**

Please complete in block capitals

Gender							
Child's Surname							
Child's Forename(s)							
Date of Birth							
Current Primary School	I						
Preferred start date							
Please indicate hours a possible.	and d	ays of	care requi	red. W	e try t	o be as flex	ible as
Hours of care	M	on	Tue	W	'ed	Thu	Fri
3-5pm							
3-6pm							
	Pa		Guardian/C Name	arer	Pa	rent/Guardi Name	
Home Tel No	Pa			arer	Pa		
Home Tel No Home Address including postcode	Pa			arer	Pa		
Home Address	Pa			arer	Pa		
Home Address including postcode	Pa			arer	Pa		
Home Address including postcode  Mobile No	Pa			arer	Pa		
Home Address including postcode  Mobile No Email address Employer	Pa			arer	Pa		

Parent/Guardian/ Carer Name	Previous address including postcode (most recent first)		From	То
Parent/Guardian/ Carer Name		rious address including postcode different from above)	From	То
Other relevant eme	rgency	contact/s (please provide	e at least one)	
Name		Relationship		d/or contact Nos

Health details				
GP Name		Address		Tel No
Other health professional		Address		Tel No
Medical conditions/allergies/dietary requirements				
Other education centres	attended/	attending		
Current establishme	ent	Start date	Da	ys/times attending
Other professionals and person	agencies <i>i</i>	/services invol	ved w	ith child/young
Additional information				
Signature of parent/guardian/carer  Date				
To be completed by a dec	!n/m c :- c =-			_
To be completed by adm	ın/manag		240	
Application received		Start da	ate	

## Language, religion, ethnic background and national identity

This information is strictly controlled by law, and cannot be passed on to outside agencies – except in accordance with the provisions of the Data Protection Act 1998

1	First language in the home
2	Other languages used in the home
3	Religion of pupil
	or
	Parent does not wish to disclose this information
4	Ethnic origin of pupil
	or
	Parent/guardian does not wish to disclose this information
5	National identity of pupil
	or
	Parent/guardian does not wish to disclose this information
6	Asylum status of pupil
	Asylum Seeker Refugee Not applicable

## **Kidzone Consent Form**

Please tick the box to confirm your agreement

	In the event of an accident within Kidzone we will administer First Aid only. If further medical treatment is deemed necessary, I consent to any necessary medical or surgical treatment which a medical officer regards as necessary for my child.
	(Parents are always contacted in cases of emergency).
	I consent to my child taking part in outings both walking and using the centre's mini-bus within the local vicinity. (The bus has three point seat belts according to appropriate legislation and is driven by a Midas trained driver).
	I agree to photographs of my child(ren) being taken for activity displays, on trips, concerts or advertising, and also to take part in group photographs that are used within Kidzone.
	I agree to my child using Kidzone sun cream.
	I agree to my child using face paints as part of any activities undertaken within Kidzone.
	I understand that fees are payable in advance on the first working day of each month. Invoice payment period is 14-days.
	Invoices can be paid by credit/debit card, home banking/BACS, by post (cheques made payable to Clackmannanshire Council) or in person.
	All payment details are printed on the reverse of your monthly invoice.
	I understand that my child/rens place may be withdrawn if there are 2 months fees outstanding.
	If I decide to decrease sessions or withdraw my child(ren) from Kidzone I agree to give four-weeks written notice, or the equivalent in fees.
	In the event of my child leaving Kidzone, I agree to fully pay all outstanding invoices prior to their last day of attendance.
Signed	Dated



We have a Kidzone Facebook page that is used as another means of communication between Kidzone and parents, guardians and carers. This page is used to keep you updated on the things we are doing in Kidzone for example newsletters, up-coming events, children's work etc.

It is not be used to record absences or to take bookings as the page is not be checked regularly enough to do that.

Our page is a closed group/private page and so is only accessible to the parents whose children attend.

We use the children's photos every now and again and so we are sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information (name) to be published on Kidzone's Facebook page.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a social networking site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as playworkers do want to celebrate your child and his/her work.

The law requires that we ask for your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian.

Personally identifiable information includes children's names and photo or image.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing and such rescission will take effect upon receipt.

Please tick one of the following choices:

I/We grant permission for published on Facebook.	or our child's/children's photo/image and name to be
We do not grant permiss to be published on Face	sion for any photo/image and name that includes our child book.
Child's Name (please print)	
Name of parent, guardian or carer (please print)	
Signature of parent, guardian or carer	
Relationship to student	
Date	

If you wish to view our policies and procedures on social networking, email and internet safety, please ask a member of staff for a copy.