



14 Dukes Meadow  
Ingol  
Preston  
Lancashire  
PR2 7AR

01772 731808

Dear Parent

Thank you for your interest in Discovery Vine Out of School Club. Please find attached a child registration form and a booking form for the Before and After School Club at Garstang Community Primary School. A copy of our childcare prospectus and policies and procedures can be found on our website at [www.discoveryvine.co.uk](http://www.discoveryvine.co.uk).

This information can also be accessed by downloading and registering with our phone app - once downloaded, please click on 'join app' and complete the form.



Please ask if you prefer a printed copy of our prospectus and/or policies.

Completed forms can be returned to the above address, handed in to the school office marked for the attention of Discovery Vine or emailed to [lynda@discoveryvine.co.uk](mailto:lynda@discoveryvine.co.uk)

Once we receive your forms we will confirm your child's place in writing and send an 'All About Me' booklet to fill in for your child. We will also send you a Direct Debit mandate form if you have chosen to pay this way.

Please contact me if you need further information.  
Lynda Garbutt





## Child Registration Form

<b>Child's Details</b>	
Surname:	
First name:	Known as:
Date of birth:	Gender:
<b>Home address:</b>	
House name / number:	Post code:
Street name:	
District:	Town:
Child's ethnic origin:	Religion:
Language spoken at home:	
<b>Parent / Carer 1 with whom the child lives:</b>	
Full name & title:	
Does this person have parental responsibility for this child?	Yes/ No
<b>Contact details:</b>	
Email:	
Home phone:	Mobile:
Place of work:	Work phone:
<b>Parent / Carer 2 with whom the child lives (if applicable):</b>	
Full name & title:	
Does this person have parental responsibility for this child?	Yes/ No
<b>Contact details:</b>	
Home phone:	Mobile:
Place of work:	Work phone:
<b>Any parent with whom the child does not live:</b>	
Full name & title:	
Does this person have parental responsibility for this child?	Yes/ No
<b>Home address:</b>	
House name / number:	Post code:
Street name:	
District:	Town:
<b>Contact details:</b>	
Home phone:	Mobile:
Place of work:	Work phone:
<b>Emergency contact (other than above)</b>	
Full name & title:	
Relationship to the child:	
<b>Contact details:</b>	
Home phone:	Mobile:
Place of work:	Work phone:

<b>Additional information</b>		
<b>People who may collect your child (other than those detailed on reverse):</b>		
Title:	Name:	Relationship to child:
<b>Child's school (if applicable):</b>		
<b>Child's Health Visitor (if applicable):</b>		
<b>Child's Doctor:</b>		
Surgery name:		Telephone:
<b>Does your child have:</b>		
Ongoing health problems?		Yes / No
Special needs that staff should be aware of?		Yes / No
Allergies or special dietary requirements?		Yes / No
A Child Protection Plan or Social Worker?		Yes / No
A CAF plan (Common Assessment Framework)		Yes / No
If you have selected 'yes' to the above, please give details below (except for Child Protection Plan)		
<b>First Aid Treatment</b>		
Do you give permission for your child to receive first aid treatment from appropriately qualified staff?		Yes / No
Do you give permission for your child to be taken to hospital and to be given treatment by paramedics / hospital staff in an emergency?		Yes / No
Is your child allergic to plasters?		Yes / No
<b>Sun protection</b>		
Do you give permission for staff to apply sun cream to your child?		Yes / No
<b>Photographs &amp; Videos</b>		
Do you give permission for photographs and video recordings to be taken of your child for the following purposes?		
• Displays within the setting		Yes / No
• Children's learning record files		Yes / No
• Local paper / newsletters.		Yes / No
<b>Signature and Declaration</b>		
I have read and understand the information in Discovery Vine's Prospectus		
Parent/Carer 1 signature: _____ Date: _____		

Please remember to tell us if any of the above information changes whilst your child attends the setting. Should you decide you no longer need a place at Discovery Vine we will not retain the details on this form. Please see the Privacy Notice in our Prospectus for details of how the information provided will be used.



## Child booking form 2021/22 Garstang Community Primary School

### Before School Club Fees (7.30am - 9.00am):

Regular session: £5.20

Extra session: £5.70

### After School Club Fees (3.20pm - 5.45pm):

Regular session: £9.95

Extra session: £10.45



## Child Booking Form

Name(s) of child / children:

Please indicate the sessions required by placing a tick in the boxes:

Session	Monday	Tuesday	Wednesday	Thursday	Friday	Occasional Use
Before School Club						
After School Club						

I would like a place for my child / children at the Out of School Club from:

\_\_\_\_\_ (date)

I would like to pay by childcare vouchers / my Government tax free childcare account / direct debit (please delete as appropriate)

Parent / Guardian Signature: \_\_\_\_\_

