



Enrolment Form

Your child's name: _____

Yours and your child's _____

address: _____

(please state overleaf if
different) _____

Your name: _____

Relationship to the child: _____

Your contact details: _____

Mobile: _____

Home: _____

Work: _____

Information about your child:

Date of birth: _____

Sex: _____ Preferred Sex: _____

Do you consent for your child to receive medical attention: Yes No

Name of doctor: _____

Doctor's address: _____

Contact number: _____

Is English your child's first language? _____

If not, are they able to speak/understand English? _____

Is English your first language? _____

If not, are you able to speak/understand English? _____

Please share with us any information that might help us to care for your child

(Please continue overleaf if necessary)

Health:

Regular Medication:

Is your child able to self-administer or do Playworks staff require specific training? (if applicable)

Allergies:

Dietary requirements and preferences:

Please note, Playworks provide a **nutritious** buffet snack and do not promote unhealthy eating.

Any other information:

AUTHORISED ADULTS

1st authorised adult (over 16 years of age) able to collect your child. This person may be contacted by Playworks, should you be unavailable, and may be used as our contact in the event of an emergency.

Name: _____

Relationship to the child: _____ **Password:** _____

Contact details:

Mobile: _____

Home: _____

Work: _____

2nd authorised adult (over 16 years of age) able to collect your child. This person may be contacted by Playworks, should you be unavailable, and may be used as our contact in the event of an emergency.

Name: _____

Relationship to the child: _____ **Password:** _____

Contact details:

Mobile: _____

Home: _____

Work: _____

3rd authorised adult (over 16 years of age) able to collect your child. This person may be contacted by Playworks, should you be unavailable, and may be used as our contact in the event of an emergency.

Name: _____

Relationship to the child: _____ **Password:** _____

Contact details:

Mobile: _____

Home: _____

Work: _____

4th authorised adult (over 16 years of age) able to collect your child. This person may be contacted by Playworks, should you be unavailable, and may be used as our contact in the event of an emergency.

Name: _____

Relationship to the child: _____ **Password:** _____

Contact details:

Mobile: _____

Home: _____

Work: _____

Playworks promote the development of life skills. Children and young people learn through play, decision making, assessing risk, negotiation and making choices. Children and young people are fully supported, encouraged and valued as individuals. Playworks also value your consent to allow your child to be fully included in our provision.

Please indicate below if your child is able to:

	(Please tick)	Yes	No
Take part in all activities (including risky play with appropriate support)
Use all equipment and materials
Attend local off-site activities and trips
Attend excursions (with prior notice in the school holidays)
Have their photograph/video taken
Have their image at play displayed on our website
Use sun lotion (to be provided by parent/carer)
Use of Nivea 50+ sun lotion (should you have forgotten yours)
Sun lotion applied by Playworkers (where necessary)
Use of plasters (hypoallergenic)
Travel in staff cars (all insured for business use)

DUTY OF CARE

Playworks management, staff and volunteers work within current law to ensure we provide the best possible experience for your child, and to protect their safety and welfare.

We work with local Partners who we may refer to should we have a safeguarding concern, meaning that circumstances have lead us to believe your child may be subject to emotional, sexual, or physical harm, neglect or has extremist views or is vulnerable to radicalisation. In most cases, we would always discuss our concerns with you in the first instance.

Policies and Procedures

Our policies and procedures are always on display and there for you to view and discuss with us. Please always feel free to raise any concern you may have no matter how slight. Your worry is our worry; we value your trust and our sharing of information. Please be assured we will always keep you fully informed.

A separate booking form will be made available to you so that you can inform us when you would like your child to attend Playworks. Please note that we require seven days' notice to cancel any pre-booked session/s. If we do not receive full notice we reserve the right to payment in full.

Please note, you are signing for Pages 1- 4

Name: _____

Signature: _____

Date: _____

Additional Information

Playworks value and include everyone. The following information will help us to know what is important to you and your child. We would also like you to keep us informed about significant family or community events so that we can share in your celebration.

Ethnic group (Please circle)

Prefer not to state

Asian or Asian British-Indian

Asian or Asian British-Pakistani

Asian or Asian British-Bangladeshi

Chinese

Other Asian background

Black or Black British-Caribbean

Black or Black British-African

Other Black background _____

White-British

White-Irish

Other White background _____

Mixed-White and Black-Caribbean

Mixed-White and Black-African

Mixed-White and Asian

Other Mixed background _____

Other ethnic background _____

Religion (Please circle)

Buddhism

Christianity

Hinduism

Islam

Judaism

Sikhism

None

Other _____

Do you or a key person in your child's life have a disability? _____

Are you able to work because of our service?

Yes

No

Are you aware that you may be able to claim
benefits to help towards your childcare costs?

Yes

No

How did you hear about Playworks? _____

Early Years Foundation Stage

Children under the age of 5 years 11 months are part of the EYFS register. Staff monitor their performance in a play environment to ensure they are developing in the seven areas of learning.

Communication and language

Physical

Personal, social and emotional

Literacy

Mathematics

Understanding the world

Expressive arts and design

With your permission your child will have a Key Person who will observe, evaluate and plan play activities that are of interest to them, and which will help to develop their skills. Parental involvement is welcomed and valued.

Please share with us any information that can help us in planning for your child’s development.

Name: _____

Signature: _____

Date: _____