

# Holiday Club Application Form



Brooklands  
Childcare

Please tick the appropriate box for the Setting you wish to apply for:

Brooklands House  
Market Street  
Hindley  
Nr Wigan  
WN2 3AA  
01942 760044  
h2brooklands@aol.com

Montrey Crescent  
Garswood  
Nr Wigan  
WN4 0UD  
01942 760077  
brooklandsgars@aol.com

## Brooklands Holiday Club opening time is 8.00am to 5.30pm

Child's Full Name: \_\_\_\_\_ Male / Female

Name your child is known by: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Mum's name: \_\_\_\_\_ Mum's Mobile No: \_\_\_\_\_

Mum's work phone no: \_\_\_\_\_ Mum's Email address: \_\_\_\_\_

Mum's Place of Work: \_\_\_\_\_

Dad's name: \_\_\_\_\_ Dad's Mobile No: \_\_\_\_\_

Dad's work phone no: \_\_\_\_\_ Dad's Email address: \_\_\_\_\_

Dad's Place of Work: \_\_\_\_\_

## Emergency Contact Details

Doctor's name: \_\_\_\_\_ Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone No: \_\_\_\_\_

Health Visitor's name: \_\_\_\_\_ Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone No: \_\_\_\_\_

Please provide details of known allergies, medical conditions, or concerns that you may have in relation to your child:

Does your child have difficulties with any of the following: (if yes, please give brief details)

Hearing: \_\_\_\_\_

Sight: \_\_\_\_\_

Speech: \_\_\_\_\_

Brooklands has my permission to seek medical attention for my child if they consider it necessary

## Emergency Contact Details

In the event of an emergency when neither of the parents / carers can be contacted, please give an alternative number of a relative or friend who you would be confident for Brooklands to contact

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## Collection Details

Please list below those person who are authorised to collect your child from Brooklands. No child will be given into the care of anyone we do not know. If any person is calling for a child, we must be informed who that person is

Please ensure that they know the family password

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(if different from above) (if different from above)

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(if different from above) (if different from above)

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(if different from above) (if different from above)

The family password will be: \_\_\_\_\_

## Religious / Cultural Details

Do you have any religious and/or cultural beliefs, customs or affiliations that you would like us to be aware of when caring for your child?

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## Payment Details

Name and address of person responsible for payment of fees

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone No: \_\_\_\_\_

## **Photo Approval**

Sometimes photos are taken in Brooklands for displays, promotional or advertising use. We will not allow any other company to use these photos without your approval and will take all reasonable steps to prevent unlawful use of the images

I do / do not give my permission for my child's photo to be taken in Brooklands

Signature: \_\_\_\_\_

## **Medication / First Aid Approval**

During your child's time in Brooklands it may be necessary to administer one dose of Calpol, should he / she be running a temperature. Please note that if your child has been given a dose prior to attendance of Brooklands, then the staff must be made aware of this. You will be asked to sign Brooklands Medication File on collection of your child if any dose has been administered during the day

I do / do not give my permission for my child to be given one dose of Calpol

Signature: \_\_\_\_\_

In the event of your child having an accident, it may be deemed necessary by the First Aider for the area to be covered with a plaster. Parents will be asked to sign the Accident Form on collection of your child if one has been administered during the day

I do / do not give my permission for my child to have a plaster administered

Signature: \_\_\_\_\_

## **Outing Approval**

On occasion your child may have the opportunity to go for a walk or trip with Staff. When your child leaves the premises the Manager will have discussed the details of the trip with the staff member responsible. Brooklands will hold all details of the trip and will ensure that the staffing ratios are met

I do / do not give my permission for my child to go for a walk or trip with Staff

Signature: \_\_\_\_\_

## **Display of Information Approval**

If you child has medication or special dietary requirements, it will be necessary for the information to be displayed on the wall of your child's room, so that all staff working in the room are aware of the facts

I do / do not give my permission for my child's information to be displayed

Signature: \_\_\_\_\_

# Terms and Conditions

**Please read the following details carefully when accepting a place at Brooklands Holiday Club**

1. Cash or cheque fees must be paid on the first day of each week your child/ren attend Holiday Club
2. Some trips may incur further costs, however, you will be informed of this in advance
3. We reserve the right to cancel / suspend your place if fees are not received
4. All fees are inclusive of morning and afternoon snacks and drinks. Your child will need a packed lunch each day of attendance. However, on occasion you will be required to provide sufficient money for your child/ren to purchase a lunch if they are out on a trip
5. Brooklands will not regularly provide sweets for children and will avoid excessive amounts of fatty or sugary foods. Brooklands will provide a choice of non-sugary drinks and make sure that fresh drinking water is available at all times

Brooklands Childcare and its staff are committed to embracing the cultural and religious diversity of the families who use our services. The Manager and staff will work with parents/carers to ensure that any particular dietary requirements are met. Brooklands is also keen to help introduce children to different religions and cultural festivals and events through different types of food and drink

6. In the interest of health, we reserve the right to exclude a child from Brooklands in the event of illness or threat of infection to other children and to seek medical opinion, if required. If a child vomits, has diarrhoea or an unexplained rash in Brooklands, a parent/carer will be telephoned to collect them immediately
7. It is the policy of Brooklands Childcare only to administer prescription medication to a child two full days after it has been issued by the doctor. It is felt that any child requiring antibiotic medicine is not well enough to be attending Brooklands for the first two days of any course. Consent of administration from a parent is required by signing our Medication Form before medication can be given to the child

It is the policy of Brooklands Childcare to administer any medication to a child which has been issued by the doctor

8. Treatment of minor injuries will be given by a qualified First Aider at Brooklands. Brooklands reserves the right to call any medical expertise that it feels is necessary and call an ambulance / hospital if required  
All accidents will be recorded in the Accident File. Parents will be asked to sign this after they have been informed of an accident / incident which has taken place

9. Brooklands Childcare does not accept any responsibility for any toys or clothing brought into Brooklands from home

Although aprons are provided in Brooklands, it is highly likely that your child may get paint and glue on their clothing at some time. Please be aware of this fact

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Print Name) \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## Office Use Only

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Received by Management and Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

