

HUNDRED ACRE WOOD PLAYGROUP
38 BALLYSTOCKART ROAD, COMBER, NEWTOWNARDS, BT23 5QY
Proprietor: - Mrs Fiona McCoy

Name of Child/ren:

Address:

Please tick which sessions are required.

SESSIONS BOOKED		
	MORNING	
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

FEES: - £.....10.00.....per morning session (9:00 am to 11:45 am)

Includes a healthy snack.

£... .10.00.....registration fee.

All Fees reviewed annually at the beginning of each Playgroup Year.

Fees are payable monthly in advance, invoices issued 1-2 weeks before the beginning of each month. Payment should be made by cheque or cash on or before the due date. Late payment will incur a £12.00 fee each month and interest will be applied monthly at 10% repeated late payment will result in loss of your place. We reserve the right to withdraw our services without notice in the case of non-payment or late payment of fees.

No refund is made for absence. We require one month's notice if you intend to give up your place. We reserve the right to charge one month's fees in lieu of notice if insufficient notice is given.

Parents to provide: - Spare change of clothes on child's peg at entrance in a gym bag to be used only in the event of an emergency. Also a pair of velcro gym shoes or similar for indoors. Any special arrangements:- Should someone different be coming to collect your child we would need to be made aware 24 hours in advance to save any embarrassment. (Anyone under the age of 18 yrs is not permitted to collect your child.)

NB Hundred Acre Wood cannot normally undertake the care of sick children – ie infectious diseases, excluding colds & coughs. This is for the protection of others in the setting. This is at the discretion of the Playgroup.

I AGREE TO THE TERMS & CONDITIONS ABOVE AND HAVE RECEIVED A COPY.

SIGNED:(Parent)DATE:

SIGNED:(Playgroup)DATE:

HUNDRED ACRE WOOD PLAYGROUP REGISTRATION FORM
38 Ballystockart Road, Comber, Newtownards BT23 5QY
Telephone: 02891878555 Fax 02891878676

CHILD'S NAME DOB

ADDRESSPOST CODE

MOTHERS NAME FATHERS NAME

ADDRESS ADDRESS

TEL HOME WORK HOMEWORK.....

GUARDIAN IF APPLICABLE

ADDRESS POST CODE

TEL HOME WORK

SIBLINGS (NAMES & AGES)

CHILD'S MAIN INTERESTS/LIKES/DISLIKES/ANY OTHER SPECIAL PEOPLE IN THEIR LIVES.....

EMERGENCY CONTACTS

NAME NAME

ADDRESSADDRESS

TEL HOME WORK HOMEWORK.....

RELATIONSHIP TO CHILD RELATIONSHIP TO CHILD

ARRIVALS & DEPARTURES

When dropping your child at playschool you are responsible for seeing them securely into the main playroom and making a member of staff aware that you have dropped your child off each day. It is most important that you inform us who is to collect your child from the playgroup each day. If someone different other than the named person is collecting your child we would need to be informed by you 24 hours before hand. Also if there is a situation where a parent does not have custody of a child and are not permitted to collect the child we would need such information in writing and proof of a court order.

DOCTOR

NAME ADDRESS TEL

MEDICAL HISTORY

FULL IMMUNISATION YES/NO (IF NO PLEASE STATE).....

HEALTH VISITOR

ONGOING HEALTH PROBLEMS IE; ALLERGIES, ASTHMA, ECZEMA. PLEASE STATE

If you have any information, which would be relevant to your child's emotional or physical welfare or if any of this information changes please inform us right away. ALL INFORMATION IS TREATED WITH THE STRICTEST OF CONFIDENCE