

ADMINISTRATION FORM

Jan 2016 – Dec 2016

New Ark Play



Adventure Playground,
City Farm & Eco Centre

1. Personal details of child/children

For families of more than one child, all children must reside at the same home address.

	First child	Second child	Third child
First name:			
Surname:			
Date of birth:			
Gender:			
School attended:			
Class:			

CONTINUATION OF CHILDREN

For families of more than one child, all children must reside at the same home address.

	Fourth child	Fifth child	Sixth child
First name:			
Surname:			
Date of birth:			
Gender:			
School attended:			
Class:			

2. Authorised people/emergency contact details

Please give full details of people authorised to collect your child/be contacted in an emergency.

	Parent/guardian	Parent contact 1	Parent contact 2
First name:			
Surname			
Home Tel No:			
Mobile Tel No:			
Work Tel No:			

Emergency contact 1 Details		Emergency contact 2 Details	
(Name)		(Name)	
(Address)		(Address)	
Relationship to child:		Relationship to child:	

3. Please confirm your current email address: Sending emails about playground and relevant New Ark news helps us to keep costs down. Your email will not be shared with any other organisation. Also please regularly check the notices in our reception.

4. Medical details			
	First child	Second child	Third child
Doctor's name and address:			
Doctor's tel no:			
Medical conditions:			
Allergies:			
Please detail any disabilities and health, behavioural or social issues:			
	Fourth child	Fifth child	Sixth child
Doctor's name and address:			
Doctor's Tel No:			
Medical conditions:			
Allergies:			
Please detail any disabilities and health, behavioural or social issues:			

5. Religion/diet etc: Please state here any religious, cultural or dietary requirements.		
First child	Second child	Third child

5. Religion/diet etc: Please state here any religious, cultural or dietary requirements.		
Fourth child	Fifth child	Sixth child

6. Medical treatment: I give permission for my child to receive medical treatment in case of an emergency, in accordance with the recommendations of a qualified medical practitioner. Details of any accidents and treatments will be entered into our medical records with a copy for parent/guardian upon collection of their child. I understand that I will be contacted if possible in the case of an accident to my child.		
Parent signature:	Parent name:	Date:

7. Photographs: We occasionally take photographs and videos for use in New Ark record keeping, displays and promotional materials (which may appear both printed and online).	
If you are happy for your child to appear in any of these formats please tick the box.	
<input type="checkbox"/>	

8. ** Important information – please read******

- *Staff members will not allow children under eight to leave our buildings unless they are being collected by a recognised responsible person, our front door is kept closed with controlled entry. All children aged 8 and under must be signed into and out of our premises by a responsible person e.g. an adult or sibling aged 14+.*
- *Please do not allow your child to bring bikes, scooters, valuables or large quantities of money to New Ark as we accept no responsibility for these or similar items.*
- *In the interest of all staff and children, we will not tolerate behaviour believed to be harmful or in any way abusive. We reserve the right to exclude any child or adult acting in this manner. Our behaviour policy is on display in reception and you may ask us for a copy.*

If you are late collecting your child you will be charged £10 per 15 minutes or part thereof. Your membership will be reviewed if you are late 3 times in any term. If you are going to be late due to unforeseen circumstances you MUST contact New Ark on 01733 340605

Comments

9. Declaration I wish to become a member of Newark Play Association in 2016-17, which gives me the right to vote at the AGM and apply to join the Management Committee. I wish to register children in my household for the above playground sessions and have read section 8 above.

Parent signature:	Staff signature:
Parent name:	Staff name:
Date:	Date:

Administration Charges:

Administration Charges are valid from January to December or any part thereof must be paid in full before your children can access our services. This charge covers your child's 'Activities Card' and 'Membership costs' only

Date	No Of Children	Amount Due	Amount Paid	Date Paid	Staff Initials
		£5			