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**BOOKING IN**

Please download or print forms to complete your booking. Alternatively please come into Little Lanes to pick up the forms.

Return all forms directly into Littles Lanes or via email at [littlelanesoosc@hotmail.com](mailto:littlelanesoosc@hotmail.com).

**BOOKING IN CHECKLIST**

|  | TICK |
| --- | --- |
| APPLICATION FORM (INCLUDING MEDICAL AND SEN) |  |
| BOOKING FORM |  |
| TERMS AND CONDITIONS |  |
| RECEIVED CONFIRMATION |  |

Any questions please contact Cheri on 07950875097

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**APPLICATION FORM**

one application per child\*

| **CHILDS FIRST NAME** |  | **CHILDS LAST NAME** |  |
| --- | --- | --- | --- |
| WHAT THEY LIKE TO BE CALLED |  | FIRST LANGUAGE |  |
| DOB |  | RELIGION |  |

**PARENT/GUARDIAN**

| FULL NAME |  | FULL NAME |  |
| --- | --- | --- | --- |
| RELATIONSHIP TO CHILD |  | RELATIONSHIP TO CHILD |  |
| ADDRESS |  | ADDRESS |  |
| DOES YOUR CHILD NORMALLY LIVE AT THIS ADDRESS? |  | DOES YOUR CHILD NORMALLY LIVE AT THIS ADDRESS? |  |
| WORK ADDRESS |  | WORK ADDRESS |  |
| EMAIL |  | EMAIL |  |
| PHONE NUMBER |  | PHONE NUMBER |  |
| WORK NUMBER |  | WORK NUMBER |  |
| HOME NUMBER |  | HOME NUMBER |  |

**COLLECTION AND EMERGENCY CONTACT**

| CHILDS FIRST NAME |  | CHILDS LAST NAME |  |
| --- | --- | --- | --- |
| WHAT THEY LIKE TO BE CALLED |  | FIRST LANGUAGE |  |
| DOB |  | RELIGION |  |

|  | **YES** | **NO** |
| --- | --- | --- |
| DO YOU GIVE PERMISSION FOR YOUR CHILD'S PHOTOS TO BE TAKEN TO DISPLAY IN CLUB? |  |  |
| DO YOU GIVE PERMISSION FOR YOUR CHILD TO WATCH PG MOVIES AT LITTLE LANES DISCRETION? |  |  |

**MEDICAL**

| CHILD'S DOCTORS |  |
| --- | --- |
| CHILDS DOCTORS NUMBERr |  |

| DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS? YES/NO (IF YES PLEASE GIVE DETAILS BELOW) |
| --- |
|  |
| DOES YOUR CHILD HAVE ANY DIETARY NEEDS? YES/NO (IF YES PLEASE GIVE DETAILS BELOW) |
|  |
| DOES YOUR CHILD HAVE ANY ALLERGIES? YES/NO (IF YES PLEASE GIVE DETAILS BELOW) |
|  |

|  | YES | NO |
| --- | --- | --- |
| I CONSENT TO MY CHILD HAVING 5ML OF CALPOL IF NEEDED AND WE CAN'T GET AHOLD OF YOURSELVES |  |  |
| I UNDERSTAND LITTLE LANES USE FOOD IN ACTIVITIES AND I AGREE TO MY CHILD TAKING APART |  |  |
| I CONSENT TO ANY MEDICAL TREATMENT NECESSARY DURING THE RUNNING OF LITTLE LANES AND AUTHORISE STAFF TO SIGN ANY MEDICAL FORM OF CONSENT REQUIRED BY MEDICAL STAFF, IF A DELAY IN GETTING IN CONTACT WITH YOURSELVES.. |  |  |

| DOES YOUR CHILD HAVE ANY SEN NEEDS? YES/NO (IF YES PLEASE GIVE DETAILS BELOW) |
| --- |
|  |

PARENT/GUARDIAN DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**BOOKING FORM**

**PARENT/GUARDIANS NAME AND CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHILDS/CHILDRENS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTRACTED** Please tick days you’d like to book

**BREAKFAST CLUB 7:30AM - £5.80**

| MONDAY |  | TUESDAY |  | WEDNESDAY |  | THURSDAY |  | FRIDAY |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**BREAKFAST CLUB - 7:50AM - £5**

| MONDAY |  | TUESDAY |  | WEDNESDAY |  | THURSDAY |  | FRIDAY |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**AFTERSCHOOL CLUB 4:30 - £7**

| MONDAY |  | TUESDAY |  | WEDNESDAY |  | THURSDAY |  | FRIDAY |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**BREAKFAST CLUB - 7:50AM - £10**

| MONDAY |  | TUESDAY |  | WEDNESDAY |  | THURSDAY |  | FRIDAY |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

For Ad Hocs please message Cheri the dates via text on 07950875097

PARENT/GUARDIAN DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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**TERMS & CONDITIONS**

1. All fees are to be paid up front, unless arranged otherwise.

2. All fees need to be paid regardless of illness or ad-hoc days.

3. We require 2 weeks notice should you wish to leave.

4. It's your responsibility to let us know if your child is attending any other after to

school activities, as we don't accept any liability until your child reaches little lanes.

5. Little lanes need to know if your child is off school at any time.

6. Any child going home by taxi needs to put this in writing otherwise we will not let

your child leaves.

7. If your child does not need to attend and they are booked in fees will still need to be

paid.

8. Outstanding fees can result in your child's space being given away.

9. We don't accept post dated cheques

10. To change days a £5 admin fee will be applicable and you'll also be expected to

re-fill in a booking form noting changes to days.

11. No child will be allowed to leave with any other person unless we've been informed

otherwise or used the password setup in advance.

12. If you don't wish for your child to get messy please supply extra clothing.

13. You will not be allowed to enter the school building apart from little lanes without an

appointment or unless you have been asked to be seen by Mrs Johnson or your child's

teacher,

14. No mobile phones are to be used whilst picking up your child.

15.The front gate must be closed when leaving little lanes.

16. If your child requires breakfast they must be in the breakfast club by 8:15am.

17. Any items left by your child in class will have to stay there until the next school day.

18. If you are late to pick up at ether 4:30 or 5:45 you will be charged the standard fee of

£10.

19. Any information that you need to let your child's teacher know must be put into

writing with your child's name on it, so we can pass it on to the appropriate teacher.

20. Any toys from home that are brought into Little Lanes is your Child's responsibility.

We accept no liability for any items.

21. Little Lanes has the right to cancel your place at any time if rules are not met.

22. Children attending clubs will still need to pay for the full session as spaces are needed to be held.

23. £10 fee when payment is made late.

I have read and understood the rules and regulations above. I hereby agree to the terms of Little Lanes rules and regulations when booking in for my first session.

PRINT NAME:

SIGNATURE: