



KING DAVID
Kindergarten

ASC Application Form

Please complete this form in block letters and return to: King David Kindergarten or King David & Harold Foundation, King David Campus, Childwall Road, Liverpool L15 6WU.

***** please note that late sessions 2.50-6.00pm will run only with a minimum of four children**

CHILD'S DETAILS:	
Surname..... First Name	
Date of Birth Sex : Male/Female Religion.....	
Address	
..... Postcode	
PARENTS'/CARERS' DETAILS:	
Mother's +Name Maiden Name	
Father's Name	
Telephone Numbers : Home	
Mother : Work..... Mobile	
Father : Work Mobile	
Who has parental responsibility for this child? **	
** If not both parents please give details and relationship to child and provide relevant support documentation	
In an emergency should the Kindergarten be unable to contact you please advise of an alternative contact authorized to collect your child.	
I authorize the contacts listed below to pick up my child should I be unavailable.	
.....Signed Printed Date	
Alternative Contact Tel No.....	
Relationship to child Mobile	
Alternative Contact Tel No	
Relationship to child Mobile	
Please advise the Kindergarten of any changes to contact details or collection routines. We request a photograph and password for identification/security purposes of those routinely collecting your child.	
Password:	

I understand that I must inform the Kindergarten of any changes to the child's collection routine if different to the above or any change to contact details.

I understand that if I fail to advise the Kindergarten that my child is unable to attend After School Club that day that my place could be withdrawn.

I confirm that I undertake to accept the place, if offered, and to pay the fees on the due date. I understand that a month's notice is required if I wish to cancel ASC, and that payment will therefore be required one month in advance.

Monday

Tuesday

Wednesday

Thursday

Please indicate the number of sessions per week required.

Date from which ASC is required:

Does your child have any allergies: Yes/No

If **Yes** Please Detail:

.....

Please indicate
Yes No

My child is a vegetarian

Any other special dietary requirements

If Yes please specify

Please detail any foods that your child likes/dislikes

.....

I do not give/give* my permission for the Kindergarten staff to apply suncream to my child when necessary. Please supply suncream in your child's school bag.

I do not give/give* my permission for the Kindergarten staff to apply plasters to my child when necessary.

I authorise the Kindergarten to carry out observations on my child.

I give my permission for my child/ren to be escorted on local

educational walks eg. Childwall Synagogue and to King David Kindergarten area.

*** Please delete as appropriate.**

Photographs

Photographs of the children are regularly taken to allow parents to see their children's daily activities within the kindergarten and are occasionally published in the Jewish Telegraph to highlight events.

Please could you sign below and indicate whether or not you have any objections to your child's photograph being taken.

I do/do not** wish my child to have his/her** photograph taken without my prior permission expressly for the purposes above. I understand that my further permission will be sought if my child's photograph is required for anything other than the purposes stated. **Delete as appropriate.

Signature Print Date

Fees

After School session - Primary	Sessional Rate
2.50pm to 6.00pm	
	£
4 After School (full week)	45.00
After School (per session)	12.00
Ad hoc After School (per session)	13.00

Primary School - After School Club is charged at a flat rate of £12.00 per session including snack.

Ad hoc rate £13.00 per session including snack.

KING DAVID KINDERGARTEN

Child's Name.....

Address.....

.....Postcode.....

Telephone Number..... Alternative Telephone Number.....

MEDICAL INFORMATION

Name of Family Doctor.....

Address of Family Doctor.....

.....Postcode.....

Telephone Number of Family Doctor.....

Please tick which your child has had :

Measles Chicken Pox German Measles

Whooping Cough Mumps Scarlet Fever

Please tick if your child has been vaccinated/immunised for :

3 in 1 Polio MMR

Please advise whether your child suffers from any medical condition and/or allergies (including food and sun protection creams)

.....
.....

Does your child have any special needs ?.....

.....

PARENTAL AUTHORISATION

In the event of the above named child having an accident in the Kindergarten and requiring emergency treatment in hospital etc., I, the undersigned, hereby give my permission for a member of staff of the Kindergarten to take action on my behalf.

Signature of Parent.....

Name of Parent.....

Date.....

Please note that during Kindergarten hours all relevant parental responsibility for your child's safety, education and medical treatment will be that of the Kindergarten staff and it is, therefore, essential that any condition relevant to the health and safety of your child is communicated in writing on this form.