



INITIAL APPLICATION FORM FOR A CHILDCARE PLACE

CHILD'S INFORMATION	
FORENAME(S) :	SURNAME :
GENDER :	DOB :
RELIGION :	LANGUAGES SPOKEN :
ETHNIC ORIGIN :	
CHILD'S CLASS, YEAR & TEACHER :	
NAME OF SCHOOL :	
DOES THE CHILD NORMALLY RESIDE WITH BOTH THE PARENTS/CARERS BELOW : YES/NO	
IF NO PLEASE STATE WHICH PARENT/CARER THE CHILD RESIDES WITH :	

PARENTS OR CARER INFORMATION	
PARENT OR CARER (1)	TITLE:
FORENAME(S) :	SURNAME :
RELATIONSHIP TO CHILD :	
HOME ADDRESS :	HOME NUMBER :
	WORK NUMBER :
	MOBILE NUMBER :
	EMAIL ADDRESS :
DOES THIS PERSON HAVE LEGAL PARENTAL RESPONSIBILITY FOR THIS CHILD? YES/NO	

PARENTS OR CARER INFORMATION	
PARENT OR CARER (2)	TITLE:
FORENAME(S) :	SURNAME :
RELATIONSHIP TO CHILD :	
HOME ADDRESS :	HOME NUMBER :
	WORK NUMBER :
	MOBILE NUMBER :
	EMAIL ADDRESS :
DOES THIS PERSON HAVE LEGAL PARENTAL RESPONSIBILITY FOR THIS CHILD? YES/NO	

BOOKING INFORMATION					
PLEASE STATE CHILDS START DATE :					
PLEASE TICK BOXES BELOW FOR THE DAYS THAT YOU WOULD LIKE PLACES FOR					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST SESSIONS					
AFTERSCHOOL SESSIONS					
PLEASE TICK ONE OF THE BOXES BELOW TO CONFIRM WHETHER YOU REQUIRE THESE DAYS ON A PERMANENT BASIS (SAME DAYS EVERY WEEK) OR ON AN AD-HOC BASIS (ON AN AS AND WHEN NEEDED BASIS)					
PERMANENT PLACES REQUIRED			AD-HOC PLACES REQUIRED		
ADDITIONAL INFORMATION					
PLEASE STATE ADDITIONAL INFORMATION HERE REGARDING CHILDPLACES IF NEED...					

AUTHORISATIONS	
PLEASE READ EACH SECTION CAREFULLY AND DELETE AS APPROPRIATE *	
EMERGENCY MEDICAL TREATMENT	
DO YOU CONSENT TO YOUR CHILD UNDERGOING ANY EMERGENCY MEDICAL TREATMENT NECESSARY DURING THE RUNNING OF THE CLUB?	YES/NO*
STAFF TO SIGN FORMS OF CONSENT IN AN EMERGENCY	
DO YOU AUTHORISE THE COMPANY STAFF TO SIGN ANY WRITTEN FORMS OF CONSENT THAT ARE REQUIRED BY THE HOSPITAL AUTHORITIES?	YES/NO*
THIS IS ONLY IF THERE IS A DELAY IN GETTING YOUR SIGNATURE AND IT IS CONSIDERED BY THE DOCTORS TO ENDANGER YOUR CHILDS LIFE.	
ADMINSTERING MEDICATION	
SHOULD YOUR CHILD NEED TO TAKE MEDICATION WHICH HAS BEEN PRESCRIBED BY YOUR CHILD'S DOCTOR, DO YOU AUTHORISE THE COMPANY STAFF TO ADMINISTER THIS MEDICATION BASED ON YOUR INSTRUCTIONS ONLY?	YES/NO*

AUTHORISATIONS

ACTIVITIES OFF THE CLUB PREMISIES

SOME OF THE ROUTINE ACTIVITIES OF THE CLUB MAY INVOLVE VISITS OR OTHER SHORT TRIPS OFF THE CLUB PREMISIES, E.G WATCHING FOOTBALL GAMES ON THE PLAYING FIELDS ETC. IN ORDER FOR YOUR CHILD TO PARTICIPATE IN THESE ACTIVIES WE MUST HAVE YOUR WRITTEN CONCENT. PLEASE NOTE FOR MAJOR TRIPS AND OUTINGS A CONCENT FORM REQUESTING YOUR PERMISSION WILL BE SENT HOME WITH YOUR CHILD.

DO YOU CONCENT TO YOUR CHILD TAKING PART IN THESE ROUTINE ACTIVITIES?

YES/NO*

PHOTOGRAPHS

DURING SOME OF THE ROUTINE ACTIVITIES AT THE CLUB, PHOTOGRAPHS AND RECORDINGS MAY BE TAKEN; THESE WILL BE USED FOR DISPLAY WORK WITHIN THE CLUB, AS EVIDENCE FOR OFSTED AND EARLY YEARS AND FOR TRAINING PURPOSES. THEY WILL NOT BE USED ON THE INTERNET OR FOR ANY PUBLICITY UNLESS SEPARATE PERMISSION HAS BEEN GRANTED.

DO YOU CONSENT TO THE STAFF TAKING PHOTOGRAPHS/RECORDINGS OF YOUR CHILD FOR THE PURPOSES STATED ABOVE?

YES/NO*

SECURITY PASSWORD

IN THE EVENT THAT ANOTHER PERSON OTHER THAN THOSE NOTED ON THIS APPLICATION FORM IS NEEDED TO COLLECT YOUR CHILD, A SECURITY PASSWORD WILL BE REQUIRED. PLEASE NOTE THAT WE WILL NOT BE ABLE TO HAND OVER A CHILD TO ANOTHER PERSON WITHOUT THEM GIVING US THIS PASSWORD.

PLEASE STATE BELOW WHAT PASSWORD YOU WOULD LIKE US TO USE FOR YOUR CHILD.



FEE PAYMENT TERMS

CLUB FEES ARE PAYABLE WEEKLY OR MONTHLY IN ADVANCE. IF YOU ARE PAYING WEEKLY IN ADVANCED PAYMENT MUST BE PAID IN FULL BY YOUR CHILDS FIRST SESSION OF THE WEEK. IF YOU ARE PAYING MONTHLY THEN PAYMENT MUST BE MADE BY THE FIRST DAY OF THE MONTH.

WE ACCEPT CASH, CHILDCARE VOUCHERS (PLEASE CALL THE OFFICE TO CONFIRM OUR ACCOUNT INFORMATION) AND ONLINE BANKING AS FORMS OF PAYMENT.

PLEASE NOTE THAT IT IS EXTREMELY TIME CONSUMING TO BOTH THE CLUB STAFF AND ADMINISTRATION STAFF TO BE PURSUING UNPAID FEES. IF FEES ARE NOT PAID AT LEAST A WEEK IN ADVANCED WE MAY SUSPEND YOUR CHILDCARE UNTIL THESE FEES ARE PAID IN FULL.

LEGAL ACTION / DEBT RECOVERY

IF CHILDCARE FEES REMAIN UNPAID FOR LONGER THAN ONE WEEK, THEN WE RETAIN THE RIGHT TO CANCEL YOUR CHILD PLACES AND REALLOCATE THESE TO OTHER CHILDREN ON OUR WAITING LIST WITH NO NOTICE TO YOU. LEGAL ACTION WILL BE TAKEN AGAINST YOU TO RETREIVE OUTSTANDING FEES VIA OUR DEBT MANAGEMENT SERVICE PROVIDER WHO WILL ADD ANY ADDITIONAL COSTS INCURED INCLUDING LEGAL FEES TO YOUR OUTSTANDING BILL. ONCE WE HAVE PASSED YOUR DETAILS ONTO OUR DEBT MANAGEMENT AGENCY WE WILL NO LONGER BE ABLE TO CORRESPOND WITH YOUR REGARDING THE ISSUE AND ALL CORRESPONDANCE WILL NEED TO BE SENT DIRECT TO OUR DEBT MANAGEMENT PROVIDER. ANY LEGAL FEES INCLUDING COURT FEE'S INCURED TO HAPPY FAMILIES WILL BE PAID IN FULL BY THE PARENTS.

PLEASE NOTE: - THAT YOUR CREDIT SCORE MAYBE AFFECTED ONCE WE PASS YOUR DETAILS ONTO OUR DEBT MANAGEMENT AGENCY.

BOOKING ALTERATIONS

HAPPY FAMILIES RESERVE THE RIGHT TO CHARGE AN ADMINISTRATION FEE OF £5.00 FOR THIS SERVICE. IF YOU REQUIRE WRITTEN CONFIRMATION OF AN AMENDMENT YOU WILL INCUR AN ADDITIONAL ADMINISTRATION FEE OF £5.00.

ADMINISTRATION CHARGES FOR WRITTEN DOCUMENTATION.

SHOULD YOU REQUIRE AN INVOICE, A STATEMENT OF YOUR CHILDS ACCOUNT, LETTERS OR ANY OTHER FORM OF DOCUMENTATION HAPPY FAMILIES RESERVE THE RIGHT TO CHARGE AN ADMINISTRATION FEE OF £5.00. THIS IS TO COVER THE COSTS UNDERTAKEN BY THE COMPANIES ADMINISTRATION STAFF.

CANCELLATIONS / REFUND POLICY / NOTICE REQUIREMENTS

IT IS NOT HAPPY FAMILIES CHILDCARES LTD'S POLICY TO ISSUE CASH REFUNDS FOR ANY CANCELLATIONS. FOUR WEEKS NOTICE MUST BE GIVEN TO US IN WRITING OR PAYMENT IN LIEU OF NOTICE IS REQUIRED IF YOU WISH TO WITHDRAW YOUR CHILD FROM THE CLUB. THE NOTICE 4 WEEKS NOTICE PERIOD STARTS FROM WHEN WE RECEIVE YOUR WRITTEN NOTIFICATION NOT FROM WHEN YOUR NOTIFICATION DOCUMENT IS DATED.

WE REQUIRE SEVEN DAYS NOTICE IF YOU NEED TO CHANGE YOUR BOOKED AD-HOC SESSIONS OR IF YOU WISH TO CANCEL AN AD-HOC PLACE.

CONTINUED...

HOLIDAYS AND ABSENCES

ALL HOLIDAYS AND ABSENCES (INCLUDING CHILD SICKNESS) THAT OCCUR DURING TERM TIME MUST BE PAID FOR IN FULL.

LOST PROPERTY

PLEASE ENSURE THAT CHILDREN DO NOT BRING VALUABLE TOYS AND BELONGINGS WITH THEM AS WE CANNOT BE HELD RESPONSIBLE IF THEY GO MISSING OR SUFFER FROM ANY DAMAGE. WE CANNOT GUARANTEE THE RETURN OF LOST PROPERTY, BUT WILL ENDEAVOUR TO RETURN ITEMS ON REQUEST THAT WE ARE ABLE TO IDENTIFY. PARENTS WILL BE REQUIRED TO PAY THE COST OF POSTAGE AND PACKAGING SHOULD IT BE REQUESTED THAT ANY ITEMS ARE TO BE RETURNED TO YOU USING A POSTAL SERVICE. HAPPY FAMILIES WILL KEEP LOST PROPERTY FOR A PERIOD OF FOUR WEEKS ONLY, IF IT IS LEFT UNCLAIMED AFTER THIS PERIOD HAS EXPIRED, HAPPY FAMILIES WILL DISTRIBUTE THE LOST PROPERTY TO EITHER A LOCAL CHARITY OR DISPOSE OF IT ACCORDINGLY.

PHOTOGRAPHY

DURING SOME OF THE ROUTINE ACTIVITIES AT THE CLUB PHOTOGRAPHS AND RECORDINGS MAY BE TAKEN, THESE WILL BE USED FOR DISPLAY WORK WITHIN THE CLUB, AS EVIDENCE FOR OFSTED AND EARLY YEARS AND FOR TRAINING PURPOSES. THEY WILL NOT BE USED ON THE INTERNET OR FOR ANY PUBLICITY UNLESS SEPARATE PERMISSION HAS BEEN GRANTED.

MEDICAL INFORMATION

IF YOU BOOK A CHILDCARE PLACE BY TELEPHONE WE WILL ASK YOU FOR RELEVANT MEDICAL INFORMATION, ALLERGIES, SPECIAL NEEDS AND DIETARY RESTRICTIONS INFORMATION REGARDING YOUR CHILD. YOU MUST COMPLETE AN APPLICATION FORM ON COLLECTING YOUR CHILD AS WE REQUIRE A HARD COPY OF ALL YOUR CHILDS DETAILS. WHEN YOU COMPLETE A PAPER BASED OR ONLINE APPLICATION FORM THE SAME INFORMATION IS REQUESTED. IF THIS INFORMATION IS NOT COMPLETED OR ONLY PARTIALLY COMPLETED YOUR CHILD MAY BE EXCLUDED FROM CERTAIN ACTIVITIES, OR COULD BE EXCLUDED FROM THE CLUB. IN SUCH CASES NO REFUND OR CREDIT NOTES WILL BE PAID.

HAPPY FAMILIES RESERVE THE RIGHT TO CANCEL A BOOKING AT ANY TIME, WHERE THERE HAS BEEN A FAILURE TO PROVIDE FULL INFORMATION ABOUT A CHILD. IT IS BOTH PARENTS / CARERS RESPONSIBILITY TO ENSURE THAT THIS INFORMATION IS KEPT UPDATED.

ILLNESSES AND MEDICATION

CERTAIN INFECTIOUS ILLNESSES (E.G.COVID, MENINGITIS) WILL REQUIRE YOUR CHILD TO BE EXCLUDED FROM THE CLUB FOR AN APPROPRIATE PERIOD OF TIME, TO PREVENT THE SPREAD OF INFECTION TO OTHER CHILDREN. WE TAKE ADVICE FROM THE LOCAL NHS AUTHORITIES AND THE DEPARTMENT OF HEALTH TO DETERMINE THE MOST APPROPRIATE COURSE OF ACTION IN EACH CASE. IF YOUR CHILD BECOMES ILL WHILST ATTENDING OUR CLUB WE MAY ASK YOU TO COLLECT YOUR CHILD IF WE BELIEVE THIS ACTION IS NECESSARY. ANY MEDICATION THAT YOUR CHILD REQUIRES MUST BE CLEARLY LABELED BY A CHEMIST OR GP AND HANDED TO A MEMBER OF STAFF. THE PARENT / CARER MUST THEN COMPLETE A MEDICAL CONSENT FORM AND SIGN FOR EACH DOSAGE UPON COLLECTION OF YOUR CHILD.

CONTINUED...

DROPPING OFF AND COLLECTING YOUR CHILD

DURING OUR BREAKFAST CLUB ALL CHILDREN MUST BE DROPPED OFF AT THE CLUB AND HANDED OVER TO A MEMBER OF STAFF. IT IS THE PARENTS RESPONSIBILITY TO BRING THE CHILD INTO THE CLUB; THE COMPANY DOES NOT ACCEPT LIABILITY FOR ANY CHILDREN THAT MAKE THEIR OWN WAY TO THE CLUB.

CHILDREN MUST ALWAYS BE COLLECTED ON TIME AT THE END OF EACH AFTERSCHOOL SESSION AND MUST NOT ARRIVE AT THE CLUB BEFORE THE BEGINNING OF THEIR SESSION. THIS IS VERY IMPORTANT AS WE ONLY PAY STAFF AND RENT DURING THE CLUBS OFFICIAL OPENING HOURS. LATE COLLECTIONS WILL RESULT IN A LATE FEE OF £10.00 EVERY 15 MINUTES OR PART THEREOF. IF ANY OTHER PEOPLE OTHER THAN THE PARENTS/CARERS OR EMERGENCY CONTACTS LISTED ON THE FIRST PAGE OF THIS APPLICATION FORM ARE TO COLLECT YOUR CHILD PLEASE INFORM THE OFFICE IMMEDIATELY AND INFORM US WITH DETAILS OF THIS PERSON. WE HAVE A PASSWORD SYSTEM IN PLACE FOR YOUR CHILDS SECURITY SO THE COLLECTOR MUST KNOW THIS PASSWORD TO TAKE YOUR CHILD OFF THE COMPANY SITE. IF FOR ANY REASON YOU DECIDE NOT TO USE YOUR BOOKED CHILDCARE PLACE, IT IS THE PARENTS / CARERS RESPONSIBILITY TO INFORM A MEMBER OF THE COMPANY STAFF. THIS IS TO ENSURE THAT THE CLUB STAFF DO NOT COLLECT YOUR CHILD AND ARE NOT SEARCHING THE SCHOOL FOR YOUR CHILD.

PLEASE NOTE THAT IF ANY PARENT / CARER HAS A COURT ORDER NOT TO COLLECT YOUR CHILD THE OFFICE AND CLUB STAFF MUST BE INFORMED IMMEDIATELY AND A COPY OF THE COURT ORDER MUST BE GIVEN TO THE COMPANY BEFORE WE CAN REFUSE ACCESS TO THE CHILD. THIS IS FOR LEGAL REASONS AND IS A MANDATORY REQUIREMENT.

SAFEGUARDING

HAPPY FAMILIES STAFF HAVE A DUTY TO RESPOND IF THEY SUSPECT THAT ANY CHILD WITHIN THEIR CARE MAY BE SUFFERING FROM ABUSE, OR IF A CHILD MAKES A DISCLOSURE ABOUT ABUSE. IN THIS EVENT THE RELEVANT STAFF WILL FOLLOW OUR SAFEGUARDING CHILDRENS PROCEDURES AS DETAILED IN OUR POLICIES AND PROCEDURES.

LIABILITY

HAPPY FAMILIES ACCEPTS NO LIABILITY FOR PERSONAL INJURY OR DEATH OF ANY PARTICIPANTS UNLESS DIRECTLY CAUSED BY THE PROVEN NEGLIGENCE OF THE COMPANY OR ITS EMPLOYEES.

INSURANCE

ALL CHILDREN IN OUR CARE ARE COVERED BY OUR PUBLIC LIABILITY INSURANCE.

STAFF

HAPPY FAMILIES RATIO OF STAFF TO CHILDREN NORMALLY EXCEEDS ALL STATUTORY REQUIREMENTS. THE ACTUAL RATIO VARIES BETWEEN ACTIVITIES AND AGE GROUPS. HAPPY FAMILIES DOES NOT OFFER ANY HIGHER RATIO THAN 1:10 IRRESPECTIVE TO ANY CHILDS SPECIAL NEEDS UNLESS ARRANGED AND AGREED PREVIOUSLY, BUT THE RATIO OF STAFF TO CHILDREN DOES NOT EXCEED 1:8 FOR ALL CHILDREN UNDER 8 YEARS OLD.

TERMS & CONDITIONS

HAPPY FAMILIES RESERVE THE RIGHT TO ADD, AMEND AND REMOVE SECTIONS FROM OUR TERMS AND CONDITIONS. IT IS THE PARENTS RESPONSIBILITY TO ENSURE THAT THEY CHECK PERIODODICALLY VIA OUR WEBSITE TO ENSURE THAT YOU ARE AWARE OF ANY NEW TERMS AND CONDITIONS.

YOU CAN VIEW OUR MOST UPTO DATE TERMS ONLINE HERE http://www.hfcc.co.uk/ts_cs.html

AGREEMENT CONFIRMATION

BY SIGNING BELOW YOU ARE CONFIRMING THAT :

1. THIS APPLICATION FORM HAS BEEN COMPLETED ACCURATLY TO THE BEST OF YOUR KNOWLEDGE
2. YOU HAVE READ AND AGREE TO ALL OF THE COMPANIES TERMS AND CONDITIONS (MOST UPTO DATE VERSION IS AVAILABLE ON OUR WEBSITE http://www.hfcc.co.uk/ts_cs.html) & OUR PRIVACY POLICY AVAILABLE ON OUR WEBSITE <http://hfcc.co.uk/privacy.html>.
3. YOU AGREE THAT BOTH PARENTS/CARERS WITH LEGAL RESPONSIBILITIES ARE LIABLE TO PAY ALL CLUB FEES IN ACCORDANCE WITH THE PAYMENT TERMS AND CONDITIONS DETAILED IN PAGE 5&6.

PARENT OR CARER (1) :

FULL NAME :

SIGNATURE :

DATE :

PARENT OR CARER (2) :

FULL NAME :

SIGNATURE :

DATE :

**PLEASE COMPLETE AND RETURN TO HAPPY FAMILIES CHILDCARE LTD Autumn Cottage Bridgnorth rd Highley
Shropshire WV16 6JT**

