

SMART ZONE REGISTRATION FORM - PLEASE RETURN



Child's Name:	
Home Address:	
Post Code:	Date of Birth:
Home e-mail address:	Home Phone No:
Child's ethnic origin (optional)	

Parent/Carer name and address:	Work Tel No:	Mobile No:
Parent/Carer name and address:	Work Tel No:	Mobile No:
Name of School:	Tel No:	School Contact:
Address of School:		

Emergency Contact Name:	Tel No:
Emergency Contact Name:	Tel No:

In an extreme emergency who may your child be left with? (Please speak to staff for further details)

Name:	Tel No:
Address:	

Security - If there is anyone your child SHOULD NOT be left with please advise us.

Who is allowed to collect your child from Smart Zone?	
Name:	Tel No (if not already listed)
Name:	Tel No (if not already listed)

If, for any reason, you need a person other than those listed above to pick up your child from Smart Zone, they must quote a Unique Password.

My Unique Password is:

Health and Welfare

If your child has any permanent illness, ailment, disability, eating disorder, special or cultural needs or requirements for religious observance please give details below (continue on reverse if necessary). If your child requires nappy changing, help with toilet training, using the toilet or personal hygiene please give details below to indicate your consent to Smart Zone Staff assisting when required. **PLEASE ALSO CONFIRM THIS IN WRITING** within 10 days.

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Name of Doctor:	Tel No:
Address	
Immunizations Received by child:	

If your child requires medication whilst in our care please complete the Permission to Administer Medicine/Treatment form which is available from Smart Zone, please ask a member of staff.

Your details will be held in a database by Smart Zone, and will never be disclosed to third parties. If you are not happy for your details to be held in this way by Smart Zone please inform us in writing.

Smart Zone will send you termly newsletters and booking forms until further notice, please indicate how you prefer to receive these: Letter / e-mail (delete as appropriate). Please inform a member of staff if you no longer wish to receive any communication from Smart Zone.

If any of the above details change, please let us know as soon as possible. This is your responsibility and in the interest of your child's welfare.

Signed (parent/guardian) _____ Date _____

Please enclose a £10 deposit when returning this form. Cheques are payable to "Smart Zone Ltd.", please put the full name of your child and cheque guarantee number of the reverse of the cheque.

For office use:	Received by: (staff initials) _____	Date: _____
	Database Updated (staff initials) _____	Date: _____
	Accounts Updated (staff initials) _____	Date: _____



PERMISSION FORM PLEASE RETURN

PERMISSION TO TAKE CHILD OFF PREMISES WITHIN A 10 MILE RADIUS

Depending on numbers, we occasionally just 'go out' for a walk depending on weather, number of children etc., to enable us to do this we need your permission. Please sign one of the declarations below to acknowledge your agreement, or otherwise.

I.....
Parent/Guardian of.....

Agree that the child named above may leave the premises of Smart Zone to take part in 'ad hoc' activities within a 10 mile radius, traveling on foot, without another request form being signed:(Please sign)

OR

I do not give my permission for the child named above to leave Smart Zone for the purposes of taking part in activities within a 10 mile radius. If this is the case, **please alert a member of staff when this form is returned.**
..... (please sign)

PHOTOGRAPHS AND OTHER PRINTED PUBLIC RELATIONS

We would like to take photographs from time to time to use for publicity and to keep an record of special events etc. Please could you sign one of the declarations below to acknowledge your agreement or otherwise for your child to be photographed and the pictures being used to promote child centered activities and Smart Zone.

I.....
Parent/Guardian of.....

Agree that photographs of the child named above may be taken and those photographs used to promote child centered activities and Smart Zone.
.....(Please Sign)

OR

I do not give permission for the child named above to be photographed at Smart Zone. If this is the case, **please alert a member of staff when this form is returned.**
.....(Please Sign)

AGREEMENT



PLEASE COMPLETE AND RETURN TO SMART ZONE

Please sign and return this page to Smart Zone, to acknowledge that you have read and agreed to the Policies and Procedures in the Smart Zone Parents Pack, and indicate any areas that you feel require further discussion or clarification. We will address these issues directly with you.

I have read the Policies and Procedures contained in the Smart Zone Parents Pack and I give permission for the instigation of all policies and procedures should the need arise.

Name: Parent/ Guardian

Signature:..... Date:.....

I would like to discuss the following with you:

Please could you let us know where you heard of Smart Zone: _____

For Office Use:
Received and filed by: _____ (Staff Initials) Date: _____



SMART ZONE
AGREEMENT TO ADMINISTER EMERGENCY CARE

NAME OF CHILD(REN)

In case of an emergency, the procedure Smart Zone staff will follow is show below.
This is an extract from our Policies and Procedures Manual - Policy Number 18 Health, Illness and
Emergency:

In the event of a major accident, the following procedures will be followed:

1. First Aid will be applied.
2. An ambulance will be called and details provided of the nature of the injury and the name of the child.
3. The parent or guardian will be notified.
4. If the parent or guardian has not arrived on site by the time the ambulance is ready to depart, a play worker will accompany the child to the hospital.
5. If the parent is not at the hospital, the play worker will give permission to medical professionals to administer treatment as necessary.
6. A full detailed report will be written in the Accident Report Book.

Please sign below to indicate your agreement with the above.

Signature:	Date:
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Name (please print)

Relationship to child:

Please sign and return to Smart Zone immediately.

