# **Registration at Hythe Bay Children's Centre** - Out of School Club



### **Child details**

Forename: Middle name(s): Surname: Known as: Address:

Date of birth: Gender: Ethnicity: Language: Religion: Siblings currently at OSC:

Postcode: Birth certificate number: Issue date:

## **Bill payer details** Title: Forename:

Surname: Address:

Home Tel: Work Tel: Mobile No:

| Postcode:          |                                    | Email:                                   |   |
|--------------------|------------------------------------|--|---|
| Primary contact de | tails                              | Parental responsibility: Yes/No          |   |
| Title:             |                                    | Emergency Contact: Yes/No                |   |
| Forename:          |                                    | Relationship to child:                   |   |
| Surname:           |                                    | Home Tel:                                |   |
| Address:           |                                    | Work Tel:                                |   |
|                    |                                    | Place of Work:                           |   |
| Postcode:          |                                    | Mobile No:                               |   |
| Other info:        |                                    | Email:                                   |   |
| Contact 2 details  |                                    | Parental responsibility: Yes/No          |   |
| Title:             |                                    | Authorised pick up: Yes/No               |   |
| Forename:          |                                    | Emergency Contact: Yes/No                |   |
| Surname:           |                                    | Relationship to child:                   |   |
| Address:           |                                    | Home Tel:                                |   |
|                    |                                    | Work Tel:                                |   |
| Postcode:          |                                    | Place of Work:                           |   |
| Email:             |                                    | Mobile No:                               |   |
|                    | Pagistarad Charity Number: 1175752 | Ofstad Unique Paferance Number: EVE56670 | 1 |

| Contact 3 details                            | Parental responsibility: Yes/No |  |  |
|--|---------------------------------|--|--|
| Title:                                       | Authorised pick up: Yes/No      |  |  |
| Forename:                                    | Emergency Contact: Yes/No       |  |  |
| Surname:                                     | Relationship to child:          |  |  |
| Address:                                     | Home Tel:                       |  |  |
|  | Work Tel:                       |  |  |
| Postcode:                                    | Place of Work:                  |  |  |
| Email:                                       | Mobile No:                      |  |  |
| Doctor's details                             |                                 |  |  |
| Name:  | Tel:                            |  |  |
| Practice Name:                               | Emergency Tel:                  |  |  |
| Address:                                     |                                 |  |  |
| Postcode:                                    |                                 |  |  |
| Other info:                                  |                                 |  |  |
| Questions                                    |                                 |  |  |
| Dietary                                      |                                 |  |  |
| Are there any special dietary requirements?  | Yes/No                          |  |  |
| Additional Info (if applicable):             |                                 |  |  |
| Does the child have any allergies?           | Yes/No                          |  |  |
| Additional Info (if applicable):             |                                 |  |  |
| Health                                       |                                 |  |  |
| Are there any special Health considerations? | Yes/No                          |  |  |
| Additional Info (if applicable):             |                                 |  |  |

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### Preferred Start Date: \_\_\_\_\_

### Please complete the form below with your preferred sessions:

|           | Breakfast Club | Early Drop Off | Pick Up Only | After School<br>Club |
|-----------|----------------|----------------|--------------|----------------------|
|           | (7:45am)       | (8:15am)       | (4pm)        | (6pm)                |
| Monday    |                |                |              |                      |
| Tuesday   |                |                |              |                      |
| Wednesday |                |                |              |                      |
| Thursday  |                |                |              |                      |
| Friday    |                |                |              |                      |

| Prices from April 2023 :          | Per child, per day |
|-----------------------------------|--------------------|
| Breakfast Club – 7:45am to school | £3.68              |
| Early Drop Off – 8:15am to school | £2.25              |
| Pick Up Only – school to 4pm      | £6.10              |
| After School Club – school to 6pm | £13.42             |

**Sibling discount** – We offer a 10% discount for a sibling attending the out of school club. The discount applies to the eldest sibling only.

| Please request a separate booking form for our holiday clubs. |     |                           |  |  |  |
|---|-----|---------------------------|--|--|--|
| Holiday Playscheme Prices from September 2022:                |     | (All school age children) |  |  |  |
| Short Day Playscheme 8am-3pm                                  | £28 |                           |  |  |  |
| Long Day Playscheme 7.30am-5pm                                | £38 |                           |  |  |  |
|   |     |                           |  |  |  |
|   |     |                           |  |  |  |
| If you have any queries, please contact:                      |     |                           |  |  |  |
| Administrator: Karla Dumont                                   |     |                           |  |  |  |
| E mail: nursery@hythebay.kent.sch.uk                          |     |                           |  |  |  |
| Tel: 01303 267802   |     |                           |  |  |  |
|   |     |                           |  |  |  |

I sign to confirm that all the above information is accurate to the best of my knowledge and agree to inform the Nursery if any details change.

Name of Parent/Carer:

Signature:

Date: