**The Greenwood Yew: Application Form**

Your personal information is very important to us, and we are committed to keeping this information confidential and your privacy protected.

Please complete all sections in FULL and return to [thegreenwoodyew@gmail.com](mailto:thegreenwoodyew@gmail.com).

| **CHILD DETAILS** | | | |
| --- | --- | --- | --- |
| Surname: |  | | |
| First names: |  | Preferred name |  |
| Date of birth: |  | Gender: |  |
| Address: |  | | |
| First language: |  | Nationality: |  |
| Who does child reside with?: | |  | |

| **PARENT/GUARDIAN DETAILS** | | | |
| --- | --- | --- | --- |
| Relationship with child: |  | | |
| Title: |  | | |
| Surname: |  | | |
| First names: |  | | |
| Home telephone: |  | Mobile telephone: |  |
| Work telephone: |  | Email address: |  |
|  |  |  |  |
| Relationship with child: |  | | |
| Title: |  | | |
| Surname: |  | | |
| First names: |  | | |
| Home telephone: |  | Mobile telephone: |  |
| Work telephone: |  | Email address: |  |

| **SIBLING DETAILS** | |
| --- | --- |
| Full name(s): | Date of birth(s): |
|  |  |

| **EMERGENCY CONTACTS - NOT PARENT/GUARDIAN** | | | |
| --- | --- | --- | --- |
| Name: |  | Relationship: |  |
| Telephone: |  | Mobile: |  |
|  |  |  |  |
| Name: |  | Relationship: |  |
| Telephone: |  | Mobile: |  |

| **PEOPLE AUTHORISED TO COLLECT YOUR CHILD** | |
| --- | --- |
| Name: |  |
| Telephone/mobile: |  |
| Name: |  |
| Telephone/mobile: |  |
| Name: |  |
| Telephone/mobile: |  |
| Name: |  |
| Telephone/mobile: |  |

| **EDUCATIONAL INFORMATION** | |
| --- | --- |
| Please advise if your child has any educational/support/development needs: | |
|  | |
| Have you registered your child with your Local Authority as participating in elective home education? |  |
| Are they on a SEND register? |  |
| Do they have an EHC Plan? |  |
| Do they have an allocated social worker/educational support practitioner? |  |
| If yes to the last question, please provide the following information. | |
| Name: |  |
| Contact number & email: |  |
| Local Authority: |  |

| **MEDICAL INFORMATION** | |
| --- | --- |
| Child’s registered GP: |  |
| GP Practice name: |  |
| GP Practice Address: |  |
| Details of any health conditions: |  |
| Details of any medications: |  |
| Do they have any medication that they self administer? (e.g. inhaler or auto-injector)  Will they be attending with these medications? |  |
| Surgical history or reason for hospital admission: |  |
| Any previous infectious diseases: |  |
| Immunisation history: |  |
| Any allergies/food intolerances: |  |
| Any dietary requirements: |  |
| Any other special requirements or supporting information: |  |

| **DECLARATION** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | Signed/initials |
| I confirm that I have read and understood The Greenwood Yew’s parent/guardian information form and code of conduct. | | | | | |  |
| I confirm that I have read and consent to The Greenwood Yew’s Privacy Notice. | | | | | |  |
| I give permission for the staff to provide first aid to my child as required. | | | | | |  |
| I have read and accept the following terms and conditions   * One month’s fees are payable before the start of the provision   - Fees will then be paid in advance of each  ongoing month   * If the provision is cancelled, a refund of the outstanding amount covering the days not provided will be returned. * If your child leaves part-way through, no refund will be given of fees already paid. * Late collection fee is £5 per 15 minutes after 3.45pm. * After the pilot, if you plan to remove your child from provision, two months’ advance notice is required and you agree to pay the full fees for these two months.   I understand that if there are any changes to The Greenwood Yew’s terms and conditions or updates to their policies, I will be notified via email before the website is up and running.  Once the website is available, I agree to take full responsibility for familiarising myself with any updates and letting The Greenwood Yew Ltd. know if I wish to change my consent to this disclaimer. | | | | | |  |
| The information supplied with this application form is true to the best of my knowledge and I will provide an immediate update if there are any changes. | | | | | | |
| Name: | |  | | Signature: | |  |
| DOB: | |  | | | | |