**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.

| **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:  |  |