



Eaton Mill Wraparound

**AFTER SCHOOL CLUB**  
ADMISSIONS PACK



# EATON MILL WRAPAROUND



(Trading as Eaton Mill Nursery & Out of School Day Care Limited)

Saffron Street, Mossmans Close, Bletchley, Milton Keynes, MK2 3AH  
Tel: 01908 373621 Fax: 01908 367324 Email: [emw@tpamk.co.uk](mailto:emw@tpamk.co.uk)

OFSTED Registration Number: **EY319429**

## REGISTRATION FORM

Child's Name: ..... Class: .....

Parent/Carer Name: .....

Parent/Carer Contact Number: .....

I would like to reserve a place for my child at ASC starting from: .....

Please indicate by ticking in the boxes the session/s that you would like your child to attend:

### **Monday**

Tick ✓	Session	Time	Cost
	1	3:15 – 4:45pm	£6.00
	2	4:45 – 6:00pm	£7.00

### **Tuesday**

Tick ✓	Session	Time	Cost
	1	3:15 – 4:45pm	£6.00
	2	4:45 – 6:00pm	£7.00

### **Wednesday**

Tick ✓	Session	Time	Cost
	1	3:15 – 4:45pm	£6.00
	2	4:45 – 6:00pm	£7.00

### **Thursday**

Tick ✓	Session	Time	Cost
	1	3:15 – 4:45pm	£6.00
	2	4:45 – 6:00pm	£7.00

### **Friday**

Tick ✓	Session	Time	Cost
	1	3:15 – 4:45pm	£6.00
	2	4:45 – 6:00pm	£7.00

I hereby accept the terms and conditions detailed in the Policies Booklet.

Signed: ..... Parent/Carer

Date:.....



# EATON MILL WRAPAROUND



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## CONSENT FORM

**Child's Full Name:** .....

**Date of Birth:** ..... **Age:** ..... **Class:** .....

**Address:** .....

**Name/s of Parent/s and/or Carer/s:** .....

**Contact Number/s:** .....

**Email address:** .....

Who has legal contact with your child?

.....

Does your child have or are they in the process of being diagnosed with, any significant health issues?

Yes  No  (If yes, please provide as much information as possible):

.....

.....

Does your child have any special dietary requirements?

Yes  No  (If yes, please provide as much information as possible):

.....

Does your child have any allergies and/or intolerances?

Yes  No  (If yes, please provide as much information as possible):

.....

**Ethnicity:** .....

**Spoken Language/s:** .....

**Language spoken at home:** .....

**Doctor's Surgery:** ..... **Tel no:** .....

**Doctor's Address:** .....



# EATON MILL WRAPAROUND



OFSTED Registration Number: EY319429

The following people are authorised to collect my child from After School Club:

**Names of authorised people:**

**Relationship to child and telephone number:**

.....

.....

.....

.....

.....

.....

.....

.....

Signed: ..... Parent/Carer

Date: .....



# EATON MILL WRAPAROUND



OFSTED Registration Number: EY319429

## PERMISSIONS FORM

I / We hereby give Eaton Mill Wraparound consent to:

- Take my child on outings (e.g. library, park, walks to local areas of interest)

Signature(s) .....

- Let my child have supervised access to play on large play equipment.

Signature(s) .....

- Agree to my child watching a PG rated film (that EMW determines as appropriate)

Signature(s) .....

- Seek emergency medical assistance / treatment for my child. (Eaton Mill Wraparound staff to contact me as soon as is reasonably practicable.)

Signature(s) .....

- Administer paracetamol based pain relief (i.e. Calpol), or an anti-histamine based medication during hay fever season (i.e. Piriton), to my child if necessary.

Signature(s) .....

- Apply Asda suncream.

Signature(s)

.....

- Apply Face Paint to my child.

Signature(s) .....

- Transport my child in the event of an emergency.

Signature(s) .....

- Take photographs of my child within the setting and on visits. These may be used in displays and for other observational purposes.

Signature(s) .....

- I have read and agree to my child having full access to the Eaton Mill Out of School Day Care Equal Opportunities policy.

Signature(s) .....

- I have read and agree to the Safeguarding Children policy.

Signature(s) .....



# EATON MILL WRAPAROUND



OFSTED Registration Number: EY319429

- I understand that all fees must be paid by the date specified on the invoice. Failure to pay by this date will incur a 10% surcharge being added to your account.

Signature(s) .....

- I understand that all fees are calculated on a daily basis and can be paid by either cash, bank transfer or by cheque payable to Eaton Mill Nursery & Out of School Day Care.

Signature(s) .....

- I understand that non-payment of fees by the due date specified on the invoice, will jeopardise my child's place at the After School Club.

Signature(s) .....

- I understand that there will be a charge of £2.00 per minute for any late collection.

Signature(s) .....

- I understand that should I wish to cancel my child's place or amend the sessions I must give at least 2 week's written notice.

Signature(s) .....

I hereby consent to my child taking up a place in After School Club, according to the terms and conditions set out in its policies and procedures booklet. I have understood the expectations and obligations relating to both myself and the After School Club, and agreed to abide by them.

I understand that persistent late or non-payment of fees will jeopardise my child's continued attendance at the After School Club.

I confirm that the information given above is correct and I will contact the Manager as soon as any of the details change.

Signed: ..... Parent/Carer      Date: .....

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