



## Booking Form (Over 5's)

Child's Name.....Date of Birth .....

Please indicate booked times

	Fee	Mon	Tue	Wed	Thu	Fri	Total
Before School (open 6.30am-9am)	£4 p/h						
After school (open 3pm-5.30pm)	£4 p/h						
Other							
Holiday Care by the hour	£4.00 p/h						

Please pay by BACS to Caroline Miller 30-97-70 00785224

## Terms and Conditions

Please read carefully before signing!

1. I will arrange for my child / children to be collected from Cherry Trees Childcare no later than the time booked. Unless a pre-arranged time has been agreed in writing.
2. I agree to pay the full weekly fee for my child / children in advance.
3. I agree to keep my child/children away from Cherry Trees Childcare if they are unwell and for 24 hours after any bout of diarrhea or vomiting.
4. I agree to abide by decisions made by the Cherry Trees Childcare regarding persistent inappropriate behavior. Cherry Trees reserve the right to exclude any child from taking part in any activities if necessary.

Signed:.....

Print Name:.....

Date:.....



## Consent Form

Child Name.....Date of Birth.....

These permissions will apply until the childminding contract is terminated or until permission is withdrawn in writing.

<b>Sharing Information</b> I give permission for Cherry Trees childcare to share information directly with other relevant professionals as per the confidentiality policy) (STATUTORY REQUIRMENT)	Yes / No
<b>Assistants</b> I give permission for Caroline Miller to leave my child for short periods of time with her registered assistant, as per the assistant policy. (STATUTORY REQUIRMENT)	Yes / No
<b>Outing:</b> I give permission for Cherry Trees Childcare to take my child on outings.	Yes / No
<b>Photos:</b> I give permission to Cherry Trees Childcare to take photographs of my child (all photos will be shown to parents/guardian).	Yes / No
Other	Yes / No
<b>Signed</b>          Parents Name.....Date.....	



## Food allergies form

Childs Name \_\_\_\_\_ DOB \_\_\_\_\_

Food	Is your child allergic to this food substance
• Cereals containing gluten such as wheat, rye, barley, oats, spelt or khorasan	Yes / No
• Crustaceans for example prawns, crabs, lobster, crayfish	Yes / No
• Eggs	Yes / No
• Fish	Yes / No
• Peanuts	Yes / No
• Soybeans	Yes / No
• Milk (including lactose)	Yes / No
• Nuts such as almonds, hazelnuts, walnuts, cashews, pecan nuts, Brazil nuts, pistachio nuts, macadamia (or Queensland) nuts	Yes / No
• Celery (including celeriac)	Yes / No
• Mustard	Yes / No
• Sesame seeds	Yes / No
• Sulphur dioxide (>10mg/kg or 10mg/L)	Yes / No
• Lupin	Yes / No
• Mollusc for example clams, mussels, whelks, oysters, snails and squid	Yes / No
Signed	
Parents Name.....Date.....	



## Child Record Form

Name of registered Childminder:  
Registration no:

Caroline Miller  
EY239703

Child's Name	Sex M/F	Date of Birth / /
Address		
		Postcode
Allergies/ special diet/ health problems/childhood illnesses		
Language spoken at home	Childs religion / culture	

Name of parent(s)/Guardian(s) Parental responsibility (Please circle) Y/N		
Address		
		Postcode
Telephone Number		

Name of parent(s)/Guardian(s) Parental responsibility (Please circle) Y/N		
Address		
		Postcode
Telephone Number		

Name of emergency contact		
Address		
		Postcode
Telephone Number		

Signed Parent Guardian..... Date.....