

Ref No:

**OurSpace Ltd**

Unit 3 North Farm Road

High Brooms Ind Est

Tunbridge Wells Kent

TN2 3DR

01892 616000

[www.ourspaceclav.co.uk](http://www.ourspaceclav.co.uk)



## Registration Form for OurSpace Childcare

### PARENT/CARER INFORMATION

Title: (Mr, Miss, Mrs)	
First Name:	
Last Name:	
Marital Status	
Ethnic Group	
Religion	
Home Address:	
Post Code:	
Telephone Numbers:	Home:
	Mobile:
Email Address:	
Employer's Name & Address:	
Postcode:	
Work Telephone:	
G.P's Name:	
Surgery Name:	
Surgery Address:	
Postcode:	
Surgery Telephone:	

<b>CHILDREN'S INFORMATION</b>		Child One	Child Two
Child's First Name:			
Child's Surname:			
D.O.B:			
Sex:			
School Attended: Address:			
Postcode:			
Head Teachers Name:			
School Telephone Number:			
School Times: Start:    am Finish:   pm			
Child's Ethnic Group:			
Languages Spoken:			
Primary Language Spoken:			
Special Requirements:	<b>Allergies:</b> <b>Special Needs:</b> <b>Language/Speech Difficulties:</b> <b>Other:</b>		
Medication: (Please note a separate consent form needs to be filled out for all medication needing to be administered to children during sessions at OurSpace Childcare.)			

Emergency Contact One:	
Title: (Mr, Miss, Mrs)	
Address:	
Postcode:	
Telephone Numbers:	Home: Work: Mobile:
Relationship to child:	
Emergency Contact Two:	
Title: (Mr, Miss, Mrs)	
Address:	
Postcode:	
Telephone Numbers:	Home: Work: Mobile:
Relationship to child:	
Responsible Party One:	
Title: (Mr, Miss, Mrs)	
Address:	
Postcode:	
Telephone Numbers:	Home: Work: Mobile:
Relationship to child:	
Responsible Party Two:	
Title: (Mr, Miss, Mrs)	
Address:	
Postcode:	
Telephone Numbers:	Home: Work: Mobile:
Relationship to child:	

<p>Medical Attention:</p>	<p>I give permission for my child/ren to be taken to the nearest hospital, to seek any necessary emergency medical advice or treatment, in the event that we cannot be contacted.</p> <p>Signed: _____ Date: _____</p>
<p>Permission for Activities:</p>	<p>I give permission for my child/ren to go on outings and participate in activities organised by OurSpace Ltd, and for Sun cream to be applied where necessary.</p> <p>Signed: _____ Date: _____</p>
<p>Permissions for photographs:</p>	<p>OurSpace may take photographs of the children for visual reference for parents/carers. These photographs will be used for display purposes only within the childcare setting. They maybe also used for publicity and event purposes.</p> <p><input type="checkbox"/> I do authorise photographs to be taken and used for the above reasons.</p> <p><input type="checkbox"/> I do not authorise photographs to be used for the above reasons.</p> <p>Signature: _____ Date: _____</p>
<p>Permission for Plasters</p>	<p>In the event of your child needing a plaster, it may need to be applied.</p> <p><input type="checkbox"/> I do give permission for a plaster to be applied.</p> <p><input type="checkbox"/> I do not give permission for a plaster to be applied.</p> <p>Signature: _____ Date: _____</p>
<p>Signed:</p>	<p>Date:</p>

Ref No:

# OurSpace Ltd

Unit 3 North Farm Road

High Brooms Ind Est

Tunbridge Wells

Kent

TN2 3DR

(01892) 616000

[www.ourspaceplay.co.uk](http://www.ourspaceplay.co.uk)



## Booking Request Form

Date:	Childs Name: D.O.B	Parent/Guardian Name:
Address:  Postcode:	Email Address:	
	Home No:	
	Mobile No:	
	Works No:	

**AVAILABLE WEEKS:**

<b>Week 1</b> 13 <sup>th</sup> -17 <sup>th</sup> July	<b>Week 2</b> 20 <sup>th</sup> -24 <sup>th</sup> July	<b>Week 3</b> 27 <sup>th</sup> -31 <sup>st</sup> July	<b>Week 4</b> 3 <sup>rd</sup> -7 <sup>th</sup> Aug	<b>Week 5</b> 10 <sup>th</sup> -14 <sup>th</sup> Aug	<b>Week 6</b> 17 <sup>th</sup> -21 <sup>st</sup> Aug	<b>Week 7</b> 24 <sup>th</sup> -28 <sup>th</sup> Aug
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<b>Week 1</b>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Session One					
Session Two					
Session Three					
<b>Week 2</b>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Session One					
Session Two					
Session Three					
<b>Week 3</b>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Session One					
Session Two					
Session Three					
<b>Week 4</b>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Session One					
Session Two					
Session Three					

<b>Week 5</b>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Session One					
Session Two					
Session Three					
<b>Week 6</b>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Session One					
Session Two					
Session Three					
<b>Week 7</b>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Session One					
Session Two					
Session Three					

SINGLE SESSIONS	TWO SESSIONS	ALL DAY SESSIONS
Total Required:	Total Required:	Total Required:
Amount : £	Amount: £	Amount: £
		<b>TOTAL: £</b>
Registration Form Completed:	Payment made (how):	
Staff member signed:	Date:	
Parent/Guardian Signed:	Date:	

**One Session per day: £8.50**

**Two consecutive Sessions in one day: £17.00**

**Whole Day: £24.00**

Prices include Professional Childcare, organised activities and materials used, Free squash and biscuits throughout the day. Meals purchase per session for £2.50 each extra.