



**BROADLANDS BRIGHT SPARKS**  
**ADMISSION FORM** Registered Charity No. 103876 OFSTED Registration No. 223502

Tel - 01432 278249 in hours or 01432 870629 out of hours

Address - Broadlands Bright Sparks , Prospect Walk , Tupsley, Hereford. HR1 1NZ

Please place a  
Pass-port size  
photo of your  
child here.

Child's Full Name .....

Date of Birth ..... Home Address .....

.....  
.....

Home Telephone Number.....

Legal Parent/Guardian names and addresses (even if not residing with child)

Mother.....

.....

Telephone Number Home .....

Mobile .....

Work .....

Email .....

Father.....

.....

Telephone Number Home .....

Mobile .....

Work .....

Email .....

Names & ages of siblings

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Continued : Childs Full Name.....

Any other groups attended:.....

Contact name and number if Parent unavailable should an emergency arise:

1.....

2.....

3.....

Doctor ..... Health Visitor.....

Surgery & Telephone number.....

Medical History/known allergies.....

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Immunisations.....

Any Clinic Attended.....

**PLEASE READ**

- 1.I agree to my child being taken to hospital, or to be seen by the nearest available doctor should an emergency arise.
- 2. I agree to my child's hair being checked for head lice should there be another case in the locality.
- 3. I permit the use of plasters on my child, should they be necessary.
- 4.I understand that my child will not be admitted to playgroup if he/she is unwell. I also understand that if my child is sick, fees are still due. (48 hour exclusion after sickness or diarrhoea).
- 5. I understand that four weeks paid notice is required to cancel my child's place and a letter in writing to confirm cancelation given to Liv or Kate.
- 6. I agree to my child taking part in educational visits organised by the playgroup, and off the premises.
- 7. I agree to photographs ,videos and observations of my child for the use of training and child development and to comply with OFSTED standards only.
- 8. I understand that if the fees for my child are in arrears for more than two weeks without prior consent from the group then my child will automatically lose their place at the group.
- 9.I give permission for my child to be observed by the Early Years Inclusion Co-ordinator ,if Kate or Danni feel that they may need support in any area of my child's development.
- 10. I give permission for my child to be involved in Broadlands Children's Centre Stay & Play sessions and will complete all relevant forms for the Children's centre also.
- 11. I will always update any changes in circumstances with a member of the Bright Sparks team as soon as possible.
- 12. I agree to all procedures & policies set out in the Broadlands Bright Sparks Policies and Procedures booklet.
- 13. I will pay one month's fees in advance when my child starts Bright Sparks.

**DATE** ..... **Signed**.....

Please return the completed form to Mrs Liv Moss, Rannoch, Church Road, Dinedor, Hereford, HR2 6LQ or call into playgroup during opening hours. For more information please phone Hereford 278249, or after hours 870629.

WEBSITE [www.BroadlandsBrightSparks.co.uk](http://www.BroadlandsBrightSparks.co.uk).