

The Ace Centre Registration Form

Please complete the general information section (1) of this form, together with the relevant section/s for the Service/s you would like to use.

Completed forms should be returned to the Admissions Administrator in the Administration Office. All information given is strictly confidential and will only be shared with relevant staff, under the provisions of the Data Protection Act 1998.

Information given for an application to Nursery School section will be used for administrative purposes within the Ace Centre Nursery School. It will also be sent on to your child's next school or other educational institution and also to the Local Authority (LA). The provision of accurate information helps the Ace Centre Nursery School and the LA see that your child and other children get the best from their schooling.

SERVICE/S INTERESTED IN (Please tick all that apply)

Nursery School
GEMs Day Nursery
ACE Playtime
The Family Centre

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Lunch Club
ACE Extra
Holiday Play Scheme

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

CANCELLATION POLICY

Once your child has a place all Services, except for Nursery School and the Holiday Play Scheme, require one month's notice in writing to withdraw.

1. GENERAL INFORMATION

CHILD'S DETAILS:

Legal Surname: _____ Forename: _____

Preferred Surname: _____

Gender: Male / Female

Date of Birth: __/__/____

Middle Name: _____ Chosen Name: _____

Child's Address Details:

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

County: _____

Is this the pupil's home address or term time only address (tick one box only)

Additional Pupil Address:

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

County: _____

CONTACT DETAILS

The Centre is required to keep an admissions register with the name and address of every person considered, in law, to be the parent of a pupil. This includes: mother, married father (even if separated or divorced from the mother); unmarried father (provided parental responsibility is obtained either by formal written agreement of the mother or by court order); any person who has a residence order in relation to the child; any person who has actual care of the child.

Contact 1 Surname: _____ Forename: _____

Title: Mr / Mrs / Miss / Ms / Dr / Rev Other: _____ Gender: Male / Female

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

County: _____

Relationship to Child e.g. mother, father etc: _____

Does this contact have Parental Responsibility Yes / No

1. Daytime telephone number: _____ Is this home work mobile

2. Alternative telephone number: _____ Is this home work mobile

3. Alternative telephone number: _____ Is this home work mobile

Please add any details that will help us contact you e.g. the name of your work place, extension number: _____

Email address: _____ home/work (delete one)

First language: _____ Is a translator required? Yes/no

Contact 2 Surname: _____ Forename: _____

Title: Mr / Mrs / Miss / Ms / Dr / Rev Other: _____ Gender: Male / Female

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

County: _____

Relationship to Child e.g. mother, father etc: _____

Does this contact have Parental Responsibility Yes / No

1. Daytime telephone number: _____ Is this home work mobile

2. Alternative telephone number: _____ Is this home work mobile

3. Alternative telephone number: _____ Is this home work mobile

Please add any details that will help us contact you e.g. the name of your work place, extension number: _____

Email address: _____ home/work (delete one)

First language: _____ Is a translator required? Yes/no

Contact 3 Surname: _____ Forename: _____

Title: Mr / Mrs / Miss / Ms / Dr / Rev Other: _____ Gender: Male / Female

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

County: _____

Relationship to Child e.g. mother, father etc: _____

Does this contact have Parental Responsibility Yes / No

1. Daytime telephone number: _____ Is this home work mobile

2. Alternative telephone number: _____ Is this home work mobile

3. Alternative telephone number: _____ Is this home work mobile

Please add any details that will help us contact you e.g. the name of your work place, extension number: _____

Email address: _____ home/work (delete one)

First language: _____ Is a translator required? Yes/no

Contact 4 Surname: _____ Forename: _____

Title: Mr / Mrs / Miss / Ms / Dr / Rev Other: _____ Gender: Male / Female

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

County: _____

Relationship to Child e.g. mother, father etc: _____

Does this contact have Parental Responsibility Yes / No

1. Daytime telephone number: _____ Is this home work mobile

2. Alternative telephone number: _____ Is this home work mobile

3. Alternative telephone number: _____ Is this home work mobile

Please add any details that will help us contact you e.g. the name of your work place, extension number: _____

Email address: _____ home/work (delete one)

First language: _____ Is a translator required? Yes/no

MEDICAL INFORMATION

Practice name: _____ Telephone Number: _____

Address: _____ Postcode: _____

In the event of an emergency do we have your consent to seek emergency advice & treatment from your child's medical practice directly? Yes / No

Does your child suffer from:		Does your child have any problems with:	
Asthma	<input type="checkbox"/>	Mobility	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Behaviour	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Hearing	<input type="checkbox"/>
Bowel or bladder conditions	<input type="checkbox"/>	Speech	<input type="checkbox"/>
Serious allergies	<input type="checkbox"/>	Vision	<input type="checkbox"/>
Any other medical conditions	<input type="checkbox"/>	Wears glasses	<input type="checkbox"/>
Food intolerance/Allergy	<input type="checkbox"/>		

If you have ticked any of the boxes, please give details:

Does your child need regular medication on prescription? Yes / No

Will your child need medication during the time they are in the Centre? Yes / No
(If 'yes' please contact the appropriate Service by telephone on 01608 644440 or through the Reception, to make an appointment to discuss your child's needs)

Does your child suffer from any condition which may affect his/her participation in physical activities? Yes / No

If you have answered 'Yes' please give details:

PERMISSIONS

Child's name (please print): _____

1. Photography

The law states that we must gain appropriate permission for any photographs we use. The Ace Centre uses photography to monitor and record children's progress while in the Centre. Our standing within the national and international community also means we are often invited to share our evidence of 'best practice' with other educational establishments. Children's photographs are never identified by name, except by specific agreement, outside the Centre.

I DO/DO NOT give permission for photographs to be taken of my child to be used within the ACE Centre.

I DO/DO NOT give permission for photographs of my child to be shared with other educational establishments

I DO/DO NOT give permission for photographs of my child to be used outside the Centre e.g. posters, displays, web pages, magazine articles

2. Permission to Change

I DO/DO NOT give permission for my child's nappy/clothes to be changed, as and when needed

3. Permission for Local Visits

Occasionally we may take your child on a local outing with educational significance.

I DO/DO NOT give permission for my child to participate in local visits

4. Permission to Pick up

The ACE Centre recognises that parents/carers sometimes have to rely on other family members or friends to collect their child from the Centre. The safety of your child is extremely important to us and we need to have written permission before allowing them to leave the Centre with anyone other than their parents/carers. We can't let your child leave the Centre with anyone under the age of 16yrs. Please detail below family members/friends authorised to collect your child from the ACE Centre.

Name of adult collecting & contact details	Relation/Friend (please specify)	Days Collecting (if a regular agreement)	Any other information

I give my permission for the above named people to collect my child from the ACE Centre
Signed: _____

Printed: _____

Date: _____

ETHNIC MONITORING

Please tick the ethnic group to which your child belongs. Please note that this question is not about citizenship or nationality. It is essential that we have this information so that we can monitor the effectiveness of the Centre’s and the LA’s equal opportunities policies and practices in maximising your child’s progress and achievement. White British should include any children from England, Scotland, Wales and Northern Ireland. White Irish should include any children from the Republic of Ireland.

White British	<input type="checkbox"/>	Asian or Asian British – Indian	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian or Asian British – any other Asian background*	<input type="checkbox"/>
White Traveller of Irish Heritage	<input type="checkbox"/>	Asian or Asian British – Pakistani	<input type="checkbox"/>
Any other white background*	<input type="checkbox"/>	Black or Black British – African	<input type="checkbox"/>
White Gypsy/Roma	<input type="checkbox"/>	Black or Black British – Caribbean	<input type="checkbox"/>
Mixed – any other background*	<input type="checkbox"/>	Black or Black British – any other black background*	<input type="checkbox"/>
Mixed – White and Asian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Mixed – White and Black African	<input type="checkbox"/>	Any other ethnic group*	<input type="checkbox"/>
Mixed – White and Black Caribbean	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>
Asian or Asian British - Bangladeshi	<input type="checkbox"/>	* (please specify) _____	<input type="checkbox"/>

Please tick your child’s religion, if you wish. Please tick one box only.

Christian	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Other	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	No religion	<input type="checkbox"/>

OTHER CHILDREN

Do you have any other children who already attend the Centre, or have done so in the past?

Please give further details below, indicating which Service/s they use/have used and when.

Please indicate if you are receiving Income Support/Job Seekers Allowance

Are you a lone carer? **Y/N**

YOUR SIGNATURE:

Please sign and date this form below:

Signature: _____

Date: _____

Name (in block capitals please): _____

Relationship to child: _____

2. NURSERY SCHOOL ADDITIONAL INFORMATION

The Nursery School is open Monday to Friday, term time only. Children are offered either a morning (9.00am-11.30am) or an afternoon place (12.45pm-3.15pm). Places are allocated according to the admissions policy. Children are eligible for a place in Nursery from the term after their third birthday.

How will your child travel to nursery school generally? Please tick **one** box only

Walks Car Taxi Car share
Bicycle Bus Train Other _____

SCHOOL HISTORY

Please give details of all previous settings attended by your child, if any:

1. Name of pre-school, nursery or day care setting: _____

Address of setting: _____

Postcode: _____

Date of arrival at setting __ / __ / __

Date of leaving this setting __ / __ / __

Reason for leaving this setting: _____

2. Name of pre-school, nursery or day care setting: _____

Address of setting: _____

Postcode: _____

Date of arrival at setting __ / __ / __

Date of leaving this setting __ / __ / __

Reason for leaving this setting: _____

3. GEMS ADDITIONAL INFORMATION

FEES

AM/PM Session Cost: £18.00

Full Day: £36.00

Wrap Around Session: £9.00

£20.00 registration fee – to be enclosed with the form. Please make your cheques payable to the ACE Centre

When would you like your child's booking to start? _____

Do you require term-time only child care? YES/NO

Minimum Booking 2 sessions week (please tick days wanted)	Monday	Tuesday	Wednesday	Thursday	Friday
AM session 8:00am to 1:00pm Breakfast included					
PM session 1:00pm to 6:00pm Tea included					
Full Day 8:00am to 6:00pm					
Wrap-around session AM (child attending ACE Nursery School)					
Wrap-around session PM (child attending ACE Nursery School)					
Teas required (served at 4:00pm) Essential for full day bookings					
Breakfast required Served between 8:00am & 8:30am					

Please give details of any special dietary requirements:

4. ACE PLAYTIME ADDITIONAL INFORMATION

All bookings are charged at a rate of £4.75 a session. We recommend a minimum of two sessions per week. Bookings are for a minimum of one term. There is no fee reduction for absence unless your child is hospitalised.

Monday AM 9:30am-11:15am	
Tuesday AM 9:30am-11:15am	
Wednesday AM 9:30am-11:15am	
Thursday AM 9:30am-11:15am	
Friday AM 9:30am-11:15am	

5. LUNCH CLUB ADDITIONAL INFORMATION

Lunch Club runs term time only between the end of the morning session in Nursery at 11:30am and the start of the afternoon session in Nursery at 12:45pm. They are charged on a monthly basis, payable in advance at £4.50 per session. There is no fee reduction for absence unless your child is hospitalised.

Children attending the morning session in Nursery School can attend 2 Lunch Club sessions per week free of charge.

Please provide your child with a packed lunch and drink in a labelled box.

Sessions required:

Mon		Tues		Weds		Thurs		Fri	
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Required start date: _____

6. ACE EXTRA ADDITIONAL INFORMATION

ACE Extra runs from 3:15pm to 6:00pm Monday to Friday, term time only.

FEES

Half session: 3:15pm-4:30pm - £4.25

Whole session: 3:15pm-6:00pm - £10.50 (including hot meal)

Children attending the afternoon session at the Nursery School can attend 2 ACE Extra ½ sessions per week (3:15pm-4:30pm) free of charge. To extend these free sessions to 6:00pm, costs £6:25 (including a hot meal).

Fees are paid monthly in advance and bookings are for a minimum of one term. There is no fee reduction for absence unless your child is hospitalised.

ARRIVAL DETAILS

Collect from Nursery Minibus (Oxford Acti Other (please specify _____)

	Monday	Tuesday	Wednesday	Thursday	Friday
3:15pm-4:30pm					
3:15pm-6:00pm					

7. HOLIDAY PLAY SCHEME ADDITIONAL INFORMATION

The booking forms and details of opening times and days for the Holiday Play Schemes are available from reception a month in advance of each school holiday. Payment is required at the time of booking and is non-refundable.

8. FAMILY CENTRE ADDITIONAL INFORMATION

The Family Centre is a community based 'drop-in' Centre. A time-table of drop-in sessions is available from reception.

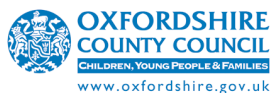
If you need help interpreting this form, please contact the Centre's office: 01608 644440

A large text version of this form is available on request

9. FOR OFFICE USE ONLY

SETTING/S REQUIRED:	Key Person/people:
Registration fee enclosed	Contract:
Receipt Number:	Start date:
Date Received:	UPN generated:
Visit arranged:	SIMs:
E-start:	Parenta:
Waiting list:	

Burford Road • Chipping Norton • OXON • OX7 5DZ • Tel: 01608 644440
Email: acecentre@oxfordshire.gov.uk
Web: www.ace-centre.oxon.sch.uk
Registered Charity No: 1060208 Company Registration No: 3289942



Children's Centre:
for families in Oxfordshire

