

Kinda Forest School Application Form



WEDNESDAY TRIBE- 7-16 years -KINDA FOREST SCHOOL

ABOUT YOU

We need certain information about the person completing this admission form, for safety and for administration

In what capacity are you completing this form? Please tick or highlight one of the following options

Parent Guardian Referrer

What are your contact details? Please give your name, address, phone number/s and email address

Name

Address

Landline

Mobile

Email

BOOKING

Wednesdays 2020 – Please be aware that if you book for the whole term then full payment for the term needs to be made upfront.

Please tick or highlight a half or full term

Autumn 1st half Wed 9 Sep 2020 to Wed 21 Oct 2020

Autumn 2nd half Wed 4 Nov 2020 to Wed 16 Dec 2020

KFS needs contact details for two people in case of emergencies. Are you one of the contact people in case of emergencies?

Yes No

Contact 1

Self (leave blank) Other

Name

Address

Landline

Mobile

Email

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Contact 2

Name

Address

Landline

Mobile

Email

Are you responsible for paying KFS invoices?

Yes No

If you are not responsible for paying KFS invoices, please give the details of the invoicee

Name of invoicee

Address of invoicee

Email of invoicee

ABOUT YOUR CHILD

We need certain information about your child for their safety and for making sure that get the most out of KFS

First name of child

Second name of child

Current age

Date of Birth

Home Address (if different from above)

Does your child have any medical conditions / diagnosis (including pending)/physical, emotional or behavioural?

Yes No

If yes, please give details here

Is your child currently prescribed medication?

Yes No

If yes, please list

Has your child had a tetanus injection?

Yes No

Date of last tetanus injection (if known)

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Does your child have any allergies?

Yes No

If yes, please specify

Does your child have a special diet?

Yes No

If yes, please give details

Is there anything else you'd like to tell us about your child?

Yes No

If yes, please give details

STATEMENT OF CONSENT

I have read Kinda Forest School's handbook, including the safeguarding policy. Use the link below.

Yes No

[Kinda Handbook](#)

I give or withhold my consent to the following

Activities: I am aware that my child will be involved in potentially risky activities at Forest School (including risk-assessed tool use, climbing, pond-dipping, foraging edible and medicinal plants, campfire cooking and going for walks around the Forest School site with staff) to which I give my consent.

Yes No

Accident & Emergency: In the event of an injury, I give consent for my child to be given first aid.

Yes No

In the event of an emergency, I authorise Forest School Leaders to share the above information and consent on my behalf to any medical treatment prescribed by a qualified doctor/ paramedic.

Yes No

Personal Care: I give consent for the Kinda Forest School facilitators to help my child with toileting if needs be.

Yes No

I give Kinda Forest School permission to take photographs of my child.

Yes No

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I give Kinda Forest School permission to take video of my child.

Yes No

I grant Kinda Forest School rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images, for fundraising, publicity or other purposes to help promote Kinda Education's education programmes. This might include (but is not limited to), using the images in printed and online publicity, social media, press releases and funding applications.

Yes No

Mobile Phones: I agree to my child leaving their phone at home and not having it with them while at KFS.

Yes No

If you have answered No to the question above, do you agree to KFS staff keeping the phone safe in a locked box during school hours on the understanding that your child can ask for it at any time?

Yes No

If you have answered No to the question above, the office will contact you to agree an arrangement.

What is the relationship of the consentor to the child?

Parent Guardian Referrer Other

If other, please specify

Print name

Signature

I understand that if my child misses a session for whatever reason, KFS is under no obligation to provide a replacement session or provide a refund.

Yes No

I understand that cancellations made within 14 days of the start of the half term will not be refunded.

Yes No

I understand that payment in advance is necessary to secure a place for my child.

Yes No

I have made a payment to secure my child's place

Yes No

If no, please give details

Payment date

Payment amount

Payment reference

Payment by BACS only to Co-operative Bank

Account no: 65862005, Sort code: 089299

Reference: child's full name

If, for any reason, a Kinda forest school session is cancelled, a replacement session will be offered.