



afternoon school therapy groups application

Groups applied for

Pre-School Play Group Social Skills Group 1 (ages 9-12) Social Skills Group 2 (ages 13-16) Life Skills Group

Surname of child Male/Female

First name(s) Nationality Religion

Address

Home telephone number

Mother's name

Address (if different from above)

Home telephone number Mobile
(if different from above)

Employer's name and work address

Work telephone number Email

Father's name

Address (if different from above)

Home telephone number Mobile
(if different from above)

Employer's name and work address

Work telephone number Email

Date of entry for which you are applying

Names and dates of birth of siblings

Description of your child's special needs

Any known allergies



Present School name

Address

Telephone number **Start Date**

Head Teacher **Class Teacher**

Others who work with your child at school

Names, addresses and telephone numbers of all previous schools, including pre-schools

Names, addresses and telephone numbers of specialists who have seen your child

What is your main concern?

When did you notice difficulties?

Did you seek help from anyone?

Was there anything unusual about your pregnancy or the birth of this child?

Did he/she pass developmental milestones at the expected times (sitting, crawling, walking, etc)?

Can you remember when these milestones happened?

What was your child like as a baby?

afternoon school therapy groups application

Describe your child's general health: eating, sleeping, fitness, hospital admissions, any medicine or special diets.

Has your child's vision/hearing been tested? If so, when?

Describe your child's physical ability: walking, running, jumping, climbing, using playground equipment, dressing, using cutlery, using a pencil.

What are your child's communication/social skills like? Does he or she talk well, make good conversation, enjoy learning things, have friends, go on play dates and to birthday parties?

What are your child's interests?

Describe your child's behaviour. Is he or she loving, helpful, co-operative, sulky, defiant, easily angered, difficult?

How did your child settle into school/pre-school?

Does he or she enjoy school?

What subjects/activities does he or she enjoy most?

How does he or she get on with teachers and other children?

Are there any particular problems?

What are your child's strengths?

Any other information?

A non-returnable fee of 50 BD is payable upon registration. Once a place is offered by the school in writing, a deposit of 500 BD becomes due. This deposit is only refundable against the last term's fees after a child joins the school and provided one term's notice is given in writing.

I agree that if I accept a place, I will be bound by the school's terms and conditions as set out overleaf.

Signature of first parent or guardian _____ Date _____

Signature of second parent or guardian _____ Date _____



terms and conditions

- 1) **PLACEMENT APPLICATION** – Application forms must be completed and returned together with a non-refundable registration fee of 50 BD before children can be considered for entry into the school's therapy programme. All admissions to The Children's Academy are made on the basis of the school's ability to meet each child's needs.
- 2) **DEPOSIT/FEEES** – If a place in the group therapy programme is offered by the school, a deposit of 500 BD must be paid in full. The deposit becomes refundable only once the child joins the school and is refunded against the last term's fees. Fees for the group therapy sessions are payable in three equal instalments per annum and by the first day of each academic term. In the event that fees are not paid by the date due, a surcharge of 8% will be levied. The school reserves the right to amend fees.
- 3) **TERMINATION/CANCELLATION CHARGE** – If the place in the group therapy programme is cancelled prior to the agreed start date, the school will retain the place deposit. A full term's notice, in writing, or fees in lieu will be required in the event of a child being withdrawn from the school. The school reserves the right to cancel any place offered, or to end tuition at any time by notice to a parent or guardian.
- 4) **LIABILITY** – The school accepts no liability for any pecuniary or other loss suffered by the parent/guardian arising directly or indirectly as a result of the school being temporarily closed or the non-admittance of the child to the school for any reason. The school accepts no responsibility for the child whilst he or she is in the care of the parent/guardian, or any other person authorised by the parent/guardian to collect the child, on the school premises, e.g. prior to arrival and after collection.
- 5) **PROPERTY AND BELONGINGS** – The school will not be held responsible for loss or damage to children's property. Every reasonable effort will be made by school staff to ensure that children's belongings are not lost or damaged.
- 6) **ACCIDENT/ILLNESS** – The school reserves the right to administer basic first aid and treatment where necessary. Parents/guardians will be informed of all accidents and will be required to sign the school's Accident Book. For accidents or illnesses of a more serious nature, all attempts will be made to contact parents/guardians, but failing this the school is hereby given consent to act on behalf of parents/guardians and authorise the administration of emergency medication or treatment certified by a medical practitioner to be necessary for the child's safety. The school will administer prescribed medication if parents/guardians complete a Medicine Consent Form and sign the school's Record of Medication Book. All medicines must be taken home daily. Parents/guardians may be required to withdraw their child if staff consider that the child is not well enough to attend, or if the child may be suffering, or has suffered from any contagious disease and there remains a danger that other children at the school may contract such a disease. If a child becomes ill during school hours, parents/guardians will be required to collect him or her. Parents/guardians are requested to inform the school if their child contracts any ailments or illness.
- 7) **BEHAVIOUR MANAGEMENT** – Parents/guardians may be required to withdraw their child if the school considers the child to be disruptive or displaying inappropriate behaviour.
- 8) **SECURITY** – Under no circumstances will a child be allowed to leave the school with anyone unknown to staff unless prior written consent has been given by parents/guardians. The school will require the name, address and telephone number of the authorised person, and proof of identity on his or her arrival.
- 9) **INFORMATION** – Parents/guardians must inform staff of any changes to information stored in the school.
- 10) **DISCLOSURES/SPECIAL INFORMATION** – The school must be told about any health problem, allergy or suspected learning difficulty affecting a child. The school must be told of any family circumstances that may affect any child in its care. Any circumstances giving rise to the need for special precautions to be taken for the protection of a child must be notified immediately in writing to the Headmistress.
- 11) **CONFIDENTIAL INFORMATION** – It is a condition of acceptance to the school that the school may disclose on a need to know basis any confidential information or circumstances that may have a bearing on a child's health, safety or welfare.