



After School Club Admission Form September 2017



(Doc 1)

Name of child:		Date of birth:		
Name of parent(s)/carer(s):		Childs home address:		
		Postcode:		
Child's gender:	Year Group(Sept 2017-July 2018)			
Name of school attending:				
Emergency contact name 1:		Please list 3 people, other than parent(s)/carer(s) who have your permission to collect your child.		
Relationship to child:		1.		
Emergency contact number 1:		2.		
Home		3.		
Work				
Mobile				
Emergency contact name 1:		Name designated adults allowed to collect child:		
Relationship to child:		Relationship to child:		
Emergency contact number 1:				
Home				
Work				
Mobile				
On which days do you wish your child to attend After School Club (Please tick box/boxes)				
Monday:	Tuesday:	Wednesday:	Thursday:	Friday:
Does your child have any medical conditions. (Please circle) YES		NO		
If circled yes please give details below.				
IF your child is ASTHMATIC, has an Inhaler been provided for After School Club (Please circle) YES NO				
Does your child have any special dietary requirements e.g. dislikes/allergies? (Please circle) YES		NO		
If circled yes, please give details below.				
Does your child have any additional needs, or is there any additional information that we need to know to ensure that your child is kept safe and happy?				
Photographs of your child may be taken during After School Club sessions and used in publicity. Do you agree to photographs of your child being taken and used publicly. (please circle) YES NO				
In my absence, I consent to any emergency medical treatment required by my child, during the course of Barlows After School Club, to be given. I therefore authorise a member of Barlows After School Club to sign on my behalf, any written form of consent required by the medical authorities prior to any such medical treatment.				
Signed:	Print Name:	Relationship to child:	Date:	
All information that we receive about you or your child will ALWAYS be treated as confidential. However, in cases of emergency, any information we receive that we deem to affect your child's welfare will be passed on to the relevant authorities.				
I have read the Parent/Carer Contract, Bad Debt Agreement and Pricing Policy and agree to their terms and conditions. I am aware that if I do not keep my payments up to date and in line with these policies that the school, reserve the right to refuse a place for your child.				
Signed:				Date:
Print name:				

