



**After School Club Admission Form
September 2018**

Name of child:		Date of birth:	
Name of parent(s)/carer(s):		Childs home address:	
		Postcode:	
Child's gender:	Year Group(Sept 2018-July 2019)		
Emergency contact name No 1:		Please list 3 people, other than parent(s)/carer(s) who have your permission to collect your child.	
Relationship to child:			
Emergency contact No 1:		Name	Relationship
Home		1.	1.
Work		2.	2.
Mobile		3.	3.
Emergency contact name No 2:		<u>Dietary Requirements</u> Allergies or dislikes (please give details)	
Relationship to child:			
Emergency contact No 2:			
Home			
Mobile			
Please ensure you pre-book and pay for your child's After School Club place through the online payment system.			
Does your child have any medical conditions. (Please tick) YES NO If yes please give details.			
IF your child is ASTHMATIC, a 2nd Inhaler needs to be provided for them in After School Club.			
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 tick) YES NO			
In my absence, I consent to any emergency medical treatment required for my child, during the course of Barlows After School Club, to be given. I therefore authorise a member of Barlows After School Club staff to sign on my behalf, any written form of consent required by the medical authorities prior to any such medical treatment.			
Signed:		Date:	
Print Name:		Relationship to child:	
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 Barlows Debt Policy and agree to the schools terms and conditions. I am aware that if I do not keep my payments up to date and in line with the policy, the school, reserve the right to refuse a place for my child.			
Signed:		Date:	
Print name:			