



**St. Andrew's C.E.Primary School
Out of School Clubs Admission Form**

Child's Surname:

Forename(s):

Chosen Name(s):

Date of Birth M/F :

Names of parents/carers with parental responsibility and address if different from child's address:

Name of parent(s) / carer(s) the child normally lives with:

Address where child usually resides:

Post Code:

Telephone number:

1st Priority Emergency Contact

Name:

Address:

Telephone:

Relationship to child:

2nd Priority Emergency Contact:

Name:

Address:

Telephone:

Relationship to child:

My child will attend the following sessions (please circle as necessary)

Breakfast club times: Monday-Friday 7.45-9.00am cost £2.75 per day

Monday

Tuesday

Wednesday

Thursday

Friday

After school Club times : Monday – Friday 3.15 –6.00pm cost £6.50 per day

Monday

Tuesday

Wednesday

Thursday

Friday

Full contact details, address etc., must be provided for all other people who may collect your child (please list on a separate sheet if necessary and attach):

Medical Information:

General Practitioners Name:

Address of Doctor:

Telephone number:

National Health Service Medical Card Number:

Details of any medical condition requiring medical treatment:

Details of any special requirements (diets, allergies, access requirements, religious requirements):

Any additional details:

Declaration:

I have read the information provided by the breakfast club and I give my permission for my child to attend the days indicated.

In the event of medical treatment being required I give my permission for a named first-aider to provide basic first aid. I give my permission for my child to be changed if he/she needs toileting assistance.

Yes / No (please delete as necessary)

I understand that I will have to pay for all sessions booked, whether or not my child attends, and if I wish to cancel the booking I will have to give four weeks' notice in writing. Fees are due weekly unless other arrangements are made with management.

Signed:

Name (print)

Date: