

Friends Together



After School Club

CONFIDENTIAL

Before & After School Club
Admissions Form

N.B. Your child cannot attend the club until this form has been completed and returned to the Club Manager.

Child's Full Name:	Date of Birth:
School:	Class:
Name of Parent/Carer:	
Address	
	Postcode:
Home phone:	Work phone:
Mobile Number:	

Collection

Please note below, name, address of person(s) who may collect your child from the club (if different from above.)

Name:	Relationship to child:
Address:	
Phone No:	Day Evening:
Name:	Relationship to child:
Address:	
Phone No:	Day Evening:

Emergency Contact Numbers

Name	Relationship to child	Address/place of work	Telephone number(s)
1.			
2.			
3.			

Please give details of your child's Doctor

Name of Doctor	Address	Telephone Number

Does your child have any known medical problems, i.e. asthma, allergies? YES/NO
If yes, please detail:

Does your child have any special dietary requirements?: YES/NO
If yes, please detail:

Is your child on any regular medication? YES/NO

If yes, please detail:

Does your child require help with administering the medicine? YES/NO

Does your child have any additional needs? YES/NO

Please give details:

If there is any information that you don't wish to record, please feel free to come and discuss this with the Club Manager.

Consent Requests

I authorise/do not authorise for staff to administer first aid to my child by a qualified First Aider while he/she is under the care of staff at Friends Together Before & After School Club.

I authorise/do not authorise staff to sign any written form of consent required by hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

I authorise / do not authorise for staff to apply sun cream to my child in hot conditions.

I authorise/do not authorise for my child to have responsible, supervised access to the internet.

I authorise/do not authorise for photographs to be taken during activities at the club (further information regarding this is available.)

a) I confirm that the information given above is correct, and understand that it is my responsibility to contact the club as soon as any of the details change.

b) I understand that late or non-payment of fees will jeopardise my child's continued attendance at the club.

Signed _____

Date _____