

**AFTER SCHOOL CLUB
APPLICATION FORM**

Child's Full Name:

Date of Birth:

Class Name:.....

Address:

Postcode:.....

Contact details:

Name:

Relation to child: Mobile:.....

Email: Home telephone:

Please note that any future change of places requested need to be informed of in writing.

Dietary requirements (allergies):

Medical needs: **Please complete the separate Health Medical Information Form**

Signed: Date:

Relationship to child:

Please note we operate a password procedure which is implemented if your child is to be collected by anyone other than the legal guardian. Can you please indicate below the password you wish us to use.

PASSWORD:

From time to time the After School Club watch a film. The showing of U rated films are permitted but in some cases a PG rated film may be requested. On these occasions permission from Parents/Guardians are needed, please sign below if you are happy for your child to watch PG rated films at the Club.

Signed.....Relation to child.....