



DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DAY REQUESTED					
CONFIRMATION OR WAITING LIST					

Name of Child			
Date of Birth		Class Teacher	
Address			
Home Telephone Number			
Email Address			
Gender			
Siblings			
Religion (Optional)			

Name of Parent/Carer	PRIORITY CONTACT
Place of Work	
Telephone Number	
Mobile Number	

Name of Parent/Carer	SECOND CONTACT
Place of Work	
Telephone Number	
Mobile Number	

Other Emergency Contacts:	
Name	Name
Relationship	Relationship
Telephone No	Telephone no
Mobile No	Mobile no

Name of Persons authorised to collect your child (Must be over 16 years of age)

Please be aware your child cannot attend After School Club unless you return this form

Declaration of Agreements:**Doctor's Name:****Doctor's Surgery:****Address:****Telephone:****Do you give consent for after school club to administer and seek emergency medical treatment if required?**

Yes

☐

No

☐**If no please state your instructions in the event of an emergency:****Details of any significant health issues please include any special educational needs and or physical disabilities statement. This may require a health plan to be completed.****If your child has asthma and they use an inhaler, you will need to provide one for After School Club.**

Inhaler sent to After School Club: Yes

☐

No

☐**If your child has allergies please state if they are touch and/or ingested allergies.**

Details of Allergies:

Does your child have any specific dietary requirements? EG: vegetarian, no pork, dairy intolerant etc**Do you give consent for After School Club staff to:**

Apply sunscreen to your child (provided by you)

Yes

☐

No

☐

Have their nails painted/use of nail varnish remover

Yes

☐

No

☐

Watch a PG rated film

Yes

☐

No

☐

I have read, understood and agree to the After School Club Terms and Conditions.

I confirm that I have completed and returned *Media Permissions* and *School Visit Consent* forms for Robert Wilkinson Primary Academy. These consents will be replicated and applied to the After School Club.

Signed: _____

Date: _____

Name: _____

(Print Name)

FOR OFFICE USE ONLY:	Date
Date form received:	
Place confirmed:	
ParentPay updated:	

Please inform the After School Club of any changes to any information given on this Admissions Form immediately.