

PUPS AFTER SCHOOL CLUB APPLICATION FORM



CHILD DETAILS

Full name:

Name (prefers to be called):

Home address:

Telephone:

E-Mail:

Age:

Date of birth:

Nationality:

Religion:

Home language:

Child password:

(To be used if an unknown adult is collecting the child)

Childs class:

PARENTS/GUARDIAN DETAILS

Name:

Name:

Work contact:

Work contact:

Department:

Department:

Address:

Address:

Telephone:

Telephone:

Mobile:

Mobile:

Who has legal contact with the child:

Who has parental responsibility for the child:

Who does the child live with:

EMERGENCY CONTACTS

Who we can contact if parents/carers are unavailable

Name:

Name:

Address:

Address:

Telephone:

Telephone:

Mobile:

Mobile:

Relationship to child:

Relationship to child:

CARE INFORMATION

Please give details of anything that may help us in caring for your child. This should include allergies, illnesses, dietary restrictions anything else that you feel we should know.

Please let us know if your child receives extra help in school, from the special educational needs co-ordinator.

DOCTOR

Please give full details of the Doctor and Surgery with whom registered:

Should my child need to be administered medication I will inform the co-ordinator and fill in an additional medication consent form for that time.

PERMISSION FOR EMERGENCY/OPERATIVE TREATMENT

In an emergency, when a parent's attendance cannot be immediate, it is sometimes necessary to obtain treatment for a child from a Doctor or a casualty department of a hospital. As delay in these circumstances is highly undesirable, we would ask that you give consent below in case such an emergency should unfortunately arise.

In the event of sudden illness or accident affecting my child, I agree to emergency treatment and/or administration of a general anaesthetic to my child, can be given if recommended by a doctor.

NAME OF CHILD: _____

SIGNED: _____

PARENT/GUARDIAN

PRINT FULL NAME: _____

ADDRESS: _____

DATE: _____

CONSENT FORM

Please read then delete the appropriate fields

I **do/do not** give permission for my child's photograph to be taken for memory books, art activities and displays.

I **do/do not** give permission for my child to have their face painted.

I **do/do not** give permission for my child to have sun tan lotion applied by a member of the PUPS staff.

I **do/do not** give permission for PUPS staff to apply a plaster if required to my child.

I **accept/do not accept** that if my child attends another club, that PUPS staff are not responsible for my child until they are signed into PUPS.

I understand that the PUPS staff are required to share information with the school about my child.

SIGNED: _____ DATE: _____

Please tick which day(s) and session type, you would like your child to attend PUPS:

MON	TUE	WED	THU	FRI	Half Session 3-4.30	Whole Session 3-6

Please state any clubs that your child attends after school and the day that your child attends the club:

ADDITIONAL INFORMATION

ACCEPTANCE FORM

The parent(s) of the child attending PUPS should have read and understood the 'Guidelines For Parent's before signing the following declaration:

- I have read, understood and accepted all terms and conditions in the 'Guidelines For Parents'.
- I understand any decisions made by the PUPS' staff and/or committee will be final.
- I understand one months written notice is required for my child wishing to leave/decreasing sessions at PUPS.
- I would like my child to be accepted by PUPS.
- I enclose a cheque for £10.00 made payable to PUPS to register my child.

NAME OF CHILD: _____

SIGNED: _____ PARENT/GUARDIAN

PRINT FULL NAME: _____

DATE: _____