

Wensum Junior School

After School Club Admission Pack

Child’s details

|  |  |  |  |
| --- | --- | --- | --- |
| Forename (as on birth certificate) | Other names (also known as) | Surname (Legal not preferred) | Child’s Class & Year group |
|  |  |  |  |
| Current Home address | Date of birth |
|  |  |
| Gender |
| Postcode |  |
|  |
|  Child’s Ethnicity | Child’s Religion | Main language spoken at home |
|  |  |  |

Parents Contact details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship to the child | Title- Mr Ms, Mrs etc | Forename | Surname | Home address, if different from the child’s |
|  |  |  |  |  |
| Daytime phone number | Evening phone number | Mobile Number | Email |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship to the child | Title- Mr Ms, Mrs etc | Forename | Surname | Home address, if different from the child’s |
|  |  |  |  |  |
| Daytime phone number | Evening phone number | Mobile Number | Email |
|  |  |  |  |

|  |  |
| --- | --- |
| Name of person who will normally be collecting child |  |
| Password for collection |  |

Medical Information

|  |  |
| --- | --- |
| Name of doctor and surgery |  |
| Does your child have Asthma? | **If yes you will be required to fill out the attached Asthma care form.** |  |
| Is there any other medical information relevant to your child’s time at club? |  |  |
| Does your child have any allergies? |  |  |
| Does your child have any special dietary requirements? |  |  |
| Are there any Religious or cultural needs we need to be aware of?  |  |  |

|  |
| --- |
| **I understand that the information disclosed in this form will be kept under strict confidentiality under the Data Protection Act 1998 and believe that the information provided in the above form is as correct as possible at this time. I will notify the Club manager of any changes that may occur whilst my child attends the afterschool club.** |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed (parent) |  | Date |  |

**I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I authorise the supervisory member of staff to sign, on my behalf, any written form of consent required if the delay to obtain my signature is considered inadvisable by the doctor or surgeon concerned.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed (parent) |  | Date |  |

Photo Consent

During club we will be doing numerous activities in which we may which to photograph children taking part in. We would love to take the opportunity to display these images on our afterschool club displays, the blog or in our prospectus.

All images will be used for a maximum of 2 years and then destroyed.

Photographs held by club can be viewed upon request and you may withdraw consent at any time.

Please choose which you will be happy to consent for your child to have pictures for:

|  |  |  |
| --- | --- | --- |
| Club displays (on site only) | Prospectus/ Publicity material | Blog/Website |
|  |  |  |
| **Signed (parent)** |  | **Date** |  |
|  |  |  |  |

Please choose the days your child will be at afterschool club. (please tick below)

**Childs Name………………………………..**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |