

St Stephen's Breakfast and After School Club

Application Form

Name of child

Date of Birth

Address

.....

.....

Tel No.

Sessions available. To be booked a week in advance.

		Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast club	From 7.45am (breakfast)					
	From 8.30am					
After School Club	Until 4pm					
	Until 5.50pm					

Contact Details for Parent(s)/Guardian(s), who may collect child from Club:

Name

(Relationship to child)

Address & Tel No

(Home/Work)

Name.....

(Relationship to child)

Address & Tel No

(Home/Work)

Contact detail for 3rd person (in case of emergency)

Name.....
(Relationship to child)
Address & Tel No
(Home/Work)

Health Information

Name, Address & Tel No of child's doctor
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Does the child suffer from or need special treatment for any ailment or disability, e.g. Diabetes, epilepsy, kidney disease, asthma, hayfever, migraine? If so, please specify the ailment or disability and give details of treatment required.

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Has the child been in contact with any infectious or contagious diseases within the last month? If so, please give detail.

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Approximate date of last anti-tetanus injection, if known.

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Does the child have any special dietary requirements? e.g. vegetarian, diabetic, medical or religious. If so, please give full details.

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Is the child allergic to anything? e.g. Anti-biotics, aspirin or other medicines, foods etc. if so please give full details.

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Is the child receiving medical treatment (including tablets) at present? If so, please give full details.

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Indemnity

I the undersigned, being the father/mother/guardian* of the aforementioned child/children hereby:

1. Freely and voluntarily confirm my agreement to the taking part in the Club activities.
2. Agree to my child being given first Aid treatment, from a qualified First Aider on the premises and agree in the seeking of any necessary emergency medical advise or treatment in the future.
3. Undertake to advise the Club if my child comes in contact with any infectious disease or develops an ailment, disability or disease, as mentioned above, after the date of completion of this form.
4. Acknowledge and agree that the Club nor any of its officers, employees or representatives can be held responsible or liable to compensate for the loss of or damage to any of the child’s personal belongings and that the child is responsible at all times for his/her belongings.
5. I indemnify the Club, its officers, employees, agents or representation from any liability, costs, claims or expenses howsoever arising whether directly or indirectly as a result of any accident, injury, illness or other damage of any kind whatsoever which the child may suffer or sustain which is not due to the negligence of any such officer, employee, agent or representative including in particular (but without any limitation to the generality of the foregoing) where the said accidents, injury, illness or other damage is a result of the child disobeying any lawful, reasonable instructions which may be given to him or her by the Club or any such officer, employee, agent or representation.

Fees

I agree to pay all fees due weekly/monthly* in advance and note that fees for any absence (notified or not notified) or holidays (except school holidays) must be paid in full. I understand that in the event of absence through illness full fees are payable for the first week. No fees will be charged for a second or third week of illness, provided that advance notice is given at the end of the first week. After three full weeks of illness the child's place cannot be held open unless the fees are again paid in full until the child's return.

Signed

Date