



THE SUNSHINE CLUB AFTERSCHOOL CLUB BOOKING FORM

Please complete this form in **BLOCK CAPITALS**

Child's name:			
Date of birth:		School/Class:	
Name of parent/guardian:			
Address:			
Phone number:	Day:	1.	2.
	During club time:	1.	2.
Please note below name and address of any other person(s) who may collect your child from club			
1.	2.		3.

ATTENDANCE:

Please tick the days you would like your child to attend.

	School finish - 5.00 pm £3.70	School finish - 5.30pm £4.20	School finish - 6:00 pm £4.70
Monday:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DIETARY REQUIREMENTS:

Does your child have any dietary requirements? Yes/No

If yes please state:

DOES YOUR CHILD NEED COLLECTING FROM SCHOOL? Yes/No

If yes please state which school:

STARTING DATE:

What date would you like your child to start:

Consent Requests – please read the following and mark as appropriate

TRANSPORT:

Applicable only to children who attend Lyminster Primary School: Children will be met, collected and taken to the club on foot. A member/s of staff will accompany the children at all times.

I do/do not * agree to my child being collected from Lyminster Primary School by The Club and taken, as described above, to the club premises. (**Please delete where applicable.*)

MEDICAL TREATMENT:

I do/do not * consent to my child undergoing any emergency medical treatment necessary during the running of the club. (**Please delete where applicable.*)

Health & Safety and Administration of Medicines policy attached.

Any illnesses, allergies, medical conditions, special needs, etc. must be detailed on a separate registration form - please ask for form if needed.

Signed:

Print:

Date:

TERMS & CONDITIONS:

I have read and agree with the policies on Administration of Medicine, Charging and Behaviour.

I understand that the Club reserves the right to withdraw a place if my child does not comply with the Behaviour Policy.

I agree/do not agree for my child to be photographed for purposes of display in the Club.

I agree to collect my child by the time stated within this contract and understand that by 6.30pm the Club will ring Social Services if no contact has been made by a family member. Every additional 15 minutes will be chargeable at a rate set annually by the Governing Body, currently £5 every 15 minutes.

I agree to pay all fees one week in advance.

Parent's Name: _____

Parent's Signature: _____ Dated: _____