

Helping hands booking form

Name of child Date of birth Age
Address.....
.....Post Code
Telephone No. (Home Email address.....

1. Emergency contact No and Name

2. Emergency contact No and Name

(Please supply emergency telephone No's, name of contact, plus relationship to child)

Name of Parent/s with Parental responsibility.....

Address (if different to above)

Name /s of Legal Contact

Religious and ethnic origin.....

Name, address and telephone number of doctor

Any other details relevant to your child (e.g. special, diet, allergy, medication, etc)

Child's class or years..... Teachers Name

Specimen of signature (Parent/s).....

Specimen of collector/s

Password for use in an emergency

SESSIONS REQUIRED (Please circle)

BREAKFAST CLUB MON TUES WEDS THURS FRI
(7.30am – 9.00am Term time only)

AFTER SCHOOL CLUB MON TUES WEDS THURS FRID
(3.30pm – 5.45pm - Term time only)

Consent requests – Please read the consent requests below and mark them as appropriate. * (Please delete as appropriate)

* **I consent / I do not consent** to my child undergoing any emergency medical treatment necessary during the running of the club.

* **I consent / do not consent** the staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Should my child need to take medication which has been prescribed by our GP,

* **I consent / do not consent**, the staff to supervise this medication as prescribed on my instructions only.

During some of the routine activities of the club photographs or recordings may be taken, these will be used for display work within the club and as evidence for Ofsted and Early Years and training purposes, they may be used on the school website only. * **I consent / I do not consent** for the staff to take photographs/recordings of my child as part of the daily activities at the club.

Date placement to commence

Fees must be paid weekly or monthly in advance.

Payment should be made by either cash, childcare vouchers (please check first) or cheque made payable to: -
‘HELPING HANDS’

I hereby undertake to maintain regular and up to date payments of Out of School Club Fees. I understand that to terminate this agreement, four weeks notice or payment in lieu of notice must be given, failure to comply with this may result in loss of placement and legal recovery of amounts outstanding.

Signed (Parent/Guardian) **Date**

When completed, please return to:-

Helping hands breakfast and afterschool club

All information is treated in confidence; the information on this application form will be under the data protection act.