

Breakfast/After School club Application Form

| CHILD'S INFORMATION | | |
|---|-------------------------|-------------------------|
| Name of breakfast/after school club: | | |
| School child attends: | | |
| Child Name: | Date of birth: | Age: |
| Known as: | Class: | Teacher: |
| Current address: | | |
| Language spoken: | | |
| PARENT INFORMATION | | |
| Name: | | |
| Address: | | |
| 1 st contact number | | |
| 2 nd contact number | | |
| Email address: | | |
| EMERGENCY CONTACTS | | |
| | 1 st Contact | 2 nd Contact |
| Name | | |
| Contact number | | |
| MEDICAL INFORMATION | | |
| List any medical conditions or pre existing injuries (including allergies) For allergies please also complete an allergy management plan | | |
| Does your child need to take medication whilst attending the club? (If Yes, please complete the health management plan and the permission to administer medication form) | | YES / NO |
| Doctor's name: | Doctor's address: | Contact number: |
| Does your child have any additional needs? (If yes, please complete an additional needs form) | | YES / NO |
| Are there any foods /drinks your child is not allowed to consume? If YES, Please list below | | YES / NO |
| <p>Due to (please circle): Preference Religion Allergy Other</p> | | |
| In the event of illness or accident requiring medical treatment, I hereby give my consent for the club staff to seek medical advice | | |
| Signature of parent | | Date: |
| Signature of Club Leader | | Date: |

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| CONSENT | | |
|---|-----------------|-------|
| Whilst attending the breakfast/after school club do you the parent / carer give consent for your child to participate in the following: | | |
| Walking Bus I agree that my child must wear the yellow waistcoat provided for the entire journey and behave in a responsible manner whilst on the walking bus. I understand that failure to do so will result in my child being unable to attend the breakfast/after school club. | YES / NO | |
| Photographs I agree that my child can be photographed by Mytime child care staff only, for the sole purpose of use within the club. I understand that these photographs will only be used for educational (EYFS) recordings, displays within the club and any club based activities. I understand these photographs will not be used for any further promotions or media marketing without further request and consent. | YES / NO | |
| Face Painting I agree that my child can have their face painted by Mytime child care staff only. | YES / NO | |
| Make up/nails/play tattoos I agree that my child can have usage of make up/nail varnish/play tattoos as part of an adult supervised activity. | YES / NO | |
| Application of sun cream I agree that my child can have their own sun cream applied provided by myself (parent / carer) by the Mytime child care staff only. | YES / NO | |
| EYFS info sharing I agree that information regarding the progress of my child as part of the EYFS can be shared with the school. | YES / NO | |
| Internet usage I agree that my child can use the internet in an adult supervised environment. | YES / NO | |
| NOTE: MYTIME CHILD CARE STAFF WILL SHARE RELEVANT INFORMATION IF DEEMED NECESSARY FOR THE SAFETY AND WELLBEING OF YOUR CHILD | | |
| CHILD COLLECTION | | |
| Please indicate who will be collecting your child from the club on a regular basis | | |
| Name and address | | |
| 1 st contact number | | |
| 2 nd contact number | | |
| Relationship with child | | |
| Please allocate a password to be used on collection of your child: | | |
| If someone other than the named persons above is collecting your child you MUST notify the club leader with the details of who will be collecting the child and that person must use your allocated password | | |
| As the parent / carer of the named child I declare the above information to be correct and allow the Mytime child care staff to care for my child as indicated. If any of the above information changes I will inform the child care staff immediately. | | |
| Signature of parent | | Date: |
| Signature of Club Leader | | Date: |
| | | |

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| Name of breakfast/after school club: | | |
| Site Leader: | | |
| School child attends: | | |
| Child Name: | Date of birth: | Age: |
| Current address: | | |
| PARENT INFORMATION | | |
| Name: | | |
| Address: | | |
| 1 st contact number | | |
| 2 nd contact number | | |
| Email address: | | |

| BOOKING & PAYMENT | | | |
|-----------------------|---|--|---------------------------------|
| Please choose: | Permanent (direct debit) <input type="checkbox"/> | Voucher/block <input type="checkbox"/> | Casual <input type="checkbox"/> |
| | Breakfast Club <input type="checkbox"/> | After School Club <input type="checkbox"/> | |
| Please circle: | M / T / W / TH / F | M / T / W / TH / F | |
| Start date: | | End date:(if applicable) | |

