

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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CHILD'S INFORMATION		
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)	



Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form including official use box using a ball point pen and send it to:

Mytime Active
 4th Floor, Linden House
 153-155 Masons Hill
 Bromley
 BR2 9HY

Service user number

7	5	6	5	3	6
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FOR MYTIME ACTIVE OFFICIAL USE ONLY
 This is not part of the instruction to your bank or building society.

Name(s) of account holder(s)

Bank/building society account number

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Branch sort code

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Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Instruction to your bank or building society

Please pay Mytime Active Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Mytime Active and, if so, details will be passed electronically to my bank/building society.

Signature(s)
Date

Reference

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Banks and building societies may not accept Direct Debit Instructions for some types of account

DD11

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Mytime Active will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Mytime Active to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Mytime Active or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when Mytime Active asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.