

HYNDLAND AFTER SCHOOL CLUB MEMBERSHIP FORM 2014 - 2015

Child's Details		
Child's Name (in full):		
Nursery (if new P1):	School:	Class:
D of B:	Age:	Sex: M/F
Main Address:		
District:	Post Code:	
Sibling? Yes/no	Sibling name:	
Parents/Guardian Details		
Mother's Name:		Email:
Address:		Post Code:
Mobile No:	Land Line:	
Work Name & Address:		
Work Telephone (please include dept/ext):		
Father's Name:		Email:
Address:		Post Code:
Mobile No:	Land Line:	
Work Name & Address:		
Work Telephone (please include dept/ext):		
Step Parent/2nd Parent		Email:
Address:		Post Code:
Mobile No:	Land Line:	
Work Name & Address:		
Work Telephone (please include dept/ext):		
Emergency Contacts		
Emergency Contact (1) (Not Parent/s: they will be contacted first – this could be a neighbour)		
Name:		Relationship to child:
Address:		
Mobile:	Work:	Land Line:
Emergency Contact (2)		(If next of kin required)
Name:		Relationship to Child
Address		
Mobile:	Work:	Land Line
Please see over for collection details. Please note we require an authorisation form to be completed for siblings to pick up unless over 16.		

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Collection (Authorised to pick up – other than parents or guardians)			
Name:	Relationship to child		
Address:			
Mobile:	Work:	Land line:	
Name:	Relationship to child		
Address:			
Mobile:	Work:	Land line	
Name:	Relationship to child		
Address:			
Mobile:	Work:	Land line	
Medical			
Doctor's Name & Surgery			
Doctor Phone No:			
Does your child have any known medical problems, i.e. asthma, allergies?			YES/NO
If so, please detail:			
Does your child have any special dietary requirements?:			YES/NO
If so, please detail:			
Is your child on any regular medication?			YES/NO
If yes, please detail:			
<u>Does your child require help with administering the medicine?</u>			<u>YES/NO</u>
<u>Does your child have any additional needs? YES/NO Please give details:</u>			
<i>If you wish to discuss any concerns but do not want some information recorded, please speak directly to the manager.</i>			
<i>Please note additional forms requiring authorisation to administer medicine and details of any emergency procedures must also be completed, together with the medication before child attends. Please see our policy.</i>			
Attendance - Please tick as required			
<u>Attendance</u>	<u>Breakfast</u>	<u>After School Club</u>	<u>'12 to 3'</u> <u>Holidays</u>
Monday <input type="checkbox"/>			
Tuesday <input type="checkbox"/>			
Wednesday <input type="checkbox"/>			
Thursday <input type="checkbox"/>			
Friday <input type="checkbox"/>			
For new starts -what date would you like your child to start?			
Date Reg Fee paid:		If attended before - first date child attended?	

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CONSENT REQUESTS Please read the consent requests and tick as appropriate			
Subject	Description	Yes	No
<i>Short trips</i>	<i>Some of the routine activities of the club may involve visits off the premises. E.g. the library</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Taxis</i>	<i>Occasionally we may need to use taxi's for trips/pick-ups if numbers allow</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Emergency</i>	<i>Medical Treatment (including plasters for minor wounds)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Consent from staff</i>	<i>Staff to sign any written form of consent required by hospital authorities if the delay in getting my signature is considered by them to endanger my child's health and safety.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>GP Prescribed Medication</i>	<i>Staff to administer medication on my instruction only.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Photographs/film</i>	<i>My child to be photographed or filmed during activities at the Club. (Further information regarding this available)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sun Screen</i>	<i>Staff to apply high quality, high factor sunscreen. (Please provide if child has sensitive skin or allergies)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>PG Movies</i>	<i>My child to watch PG movies that qualified ASC staff have vetted as appropriate.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Allergies</i>	<i>Allergies list to be displayed in kitchen for staff to see.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If accepted, this Membership Application forms the basis of your contract with the club. Please read Fees, Terms and Conditions. Thank you.</i>			
<p>I have read the above consent requests and have marked them as appropriate. I agree to the Fees, Terms and Conditions.</p> <p>Signed: _____ Date: _____</p> <p><i>All information provided on this form will remain confidential in accordance with Hyndland After School Club's confidentiality policy.</i></p> <p><i>Please ask to see our Policies/Procedures including Confidentiality, Health & Safety, Child Protection etc at any time.</i></p>			
<p>In line with Care Inspectorate regulations these details must be reviewed after 6 months. We will contact you in _____ so you can come in and make any changes.</p> <p>Review date: _____ Signed: _____</p>			