

**AFTER SCHOOL CLUB - ENROLEMENT FORM**

**The AFTER SCHOOL CLUB is registered to take children from the age of 4 to 11**

**Please complete one form per child**

|  |  |
| --- | --- |
| **Child’s Name** |  |
| **Date of Birth** |  |
| **Address inc. postcode** |  |
| **Contact e-mail address** |  |
| **Home telephone** |  |
| **Parent or guardian name(s), relationship to child and mobile number** | Contact 1 | Contact 2 |
| **Emergency contact person name** |  |
| **Emergency person relationship to child** |  |
| **Emergency person contact number** |  |

**In accordance to our policy, we are unable to refund any fees paid if we have to close due to an emergency.**



**AFTER SCHOOL CLUB – MEDICAL QUESTIONNAIRE**

**Please complete one form per child**

|  |  |
| --- | --- |
| **Child’s Name** |  |
| **Date of Birth**  |  |
| **Address inc. postcode** |  |

Does your child have any allergies? Yes No

If YES please specify

Does your child have a medical condition(s)? Yes No

If YES please specify

**If your child may require any medication administering during their time at the after school club (i.e. inhales, anti- histamine, etc) please discuss directly with the after school club manager Juliann Heaver.**

|  |  |
| --- | --- |
| DOCTORS NAME: |  |
| SURGERY: |  |
| SURGERY ADDRESS: |  |
| DOCTOR PHONE: |  |

**Please return this form to the address above or hand to a member or member of staff at pre school.**