

# HOLIDAY CLUB ADMISSIONS FORM



In order for us to comply with OFSTED National Standards for Day Care and Childminding, please complete this form fully before submitting it for registration.

Child's Full Name	Date of Birth
Child's Name to be used at the Club	Gender

School Attended	Ethnicity
Languages Spoken	Religion (if any)

Parent's/Carer's Name	Home Telephone Number
Parent's/Carer's Address	Mobile Telephone Number
	Email
Parent's/Carer's Place of Work	Work Telephone Number

Names of Additional Persons Authorised to Collect Your Child (Including Contact Numbers)
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Doctor's Name	Doctor's Telephone Number
Doctor's Address	
Child's Medical Number	

Record of Immunisations (including dates)
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Details of any Significant Health Issues (Including a Special Educational Needs and/or Physical Disabilities Statement)

Details of any Special Dietary Requirements, Allergies and Significant Food and Drink Preferences

Any Other Relevant Information

In the event that my child is involved in a serious incident while at the club, I expect the Club Co-ordinator or a delegated member of staff, to contact me immediately on the above emergency contact number.

In the event of a serious incident and your child being taken to hospital, this document will be taken with your child and handed to medical staff.

In the event that my child requires immediate medical treatment before I will be able to get to the Hospital, I hereby authorise the Club Co-ordinator, or a delegated member of staff, to consent to emergency medical treatment on my behalf.

Signature of Parent/Carer	Date
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I hereby consent for my child to take up a place at this Club, according to the terms and conditions set out in its policies and procedures. I have understood the expectations and obligations relating to both myself and the Club, and agree to abide by them.

I understand that persistent late or non-payment of fees will jeopardise my child's continued attendance at the Club.

I confirm that the information given above is correct, and I promise to contact the Club Co-ordinator as soon as any of the details change.

I understand that this authorisation will remain valid unless I contact the Club Co-ordinator to withdraw it.

Signature of Parent/Carer	Date
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If you have any questions or comments please get in touch with the Club Co-ordinator.