



Rockmount Children's Club

APPLICATION FORM FOR ROCKMOUNT HOLIDAY CLUB

Please complete and return the following forms to Rockmount Children's Club (RCC). You will be notified as soon as possible if we are able to allocate a place or that your child's name has been placed on the Waiting List.

A PLACE WILL BE CONFIRMED ONCE FEES HAVE BEEN PAID.

CHILD'S INFORMATION

Child's Name:

Date of birth:

Age:

Class:

Class Teacher:

Address:

Main language spoken at home by your child:

PARENT/CARER INFORMATION

Name:

Address:

1st contact number

2nd contact number

Email address:

ADDITIONAL INFORMATION

Are there any court orders relating to your child? **Yes/No**

Is your child looked after by a Local Authority e.g. Foster Care? **Yes/No**

If Yes, which authority?

Does your child have a statement of special educational needs/EHCP? **Yes/No**

Has your child been adopted from care? **Yes/No**

EMERGENCY CONTACTS

1st Emergency Contact	2nd Emergency Contact
Name:	Name:
Contact No:	Contact No:

MEDICAL INFORMATION

List any medical conditions or pre-existing injuries (including allergies)

Does your child need to take medication whilst attending the club? YES/NO	Does your child have any additional needs? YES/NO	Are there any specific dietary needs for medical or religious purposes? YES/NO
If yes, please request & complete a care plan form and permission to administer medication form from the RCC staff.	If yes, please request & complete an additional needs form from the RCC staff.	If yes, please list below including all food allergies:

Doctor's name:

Contact No:

Doctor's address:

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/carer:

Date:

CONSENT FOR APPLICATION OF SUN CREAM

I agree to provide my child with sun cream which they can apply themselves.

YES/NO

CHILD COLLECTION

Please indicate who will be collecting your child from the club on a regular basis:

1st collection contact	2nd collection contact
Name:	Name:
Contact No:	Contact No:
Relationship to child:	Relationship to child:

If someone other than the named person above is collecting your child, you **MUST NOTIFY** the club leader with the details of who will be collecting.

Please note that a late collection fee will be charged on Parent Pay if you are late collecting your child. (See the Terms and Conditions)

REQUIREMENTS

Week 1 23/07/25, 24/07/25 & 25/07/25	Week 2 w/c 28/07/2025
Days required (please circle) T W TH F	Days required (please circle) M T W TH F
Payment Method:	Parentpay: YES/NO Childcare Vouchers: YES/NO Childcare Voucher provider:

I wish to apply for admission for _____ to attend Rockmount Holiday club.

As the parent/carer of the child named above, I declare the above information to be correct. If any of the above information changes, I will inform the RCC staff immediately.

Signature of Parent/Carer:

Date:

Signature of Club Leader

Date: