



Rockmount Children's Club

APPLICATION FORM FOR ROCKMOUNT CHILDREN'S 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.

Membership cannot commence until your acceptance has been received

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

Whilst attending Rockmount Children’s club do you the parent/carer give consent for your child to participate in the following:

Application of sun cream

I agree that my child can have their sun cream provided by me (parent/carer). My child is able to apply the suncream themselves.

YES/NO

Internet Usage

I agree that my child can use the internet in an adult supervised environment.

YES/NO

Please note RCC 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:

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 RCC Policy)

REQUIREMENTS

Breakfast Club 7.45am until the start of the school day £7.00 (price subject to change)	After School Club 3.10pm until 6.00pm £15.50 (price subject to change)
Days required (please circle) M T W TH F	Days required (please circle) M T W TH F
Start date:	End date (if applicable)
Payment Method:	Parentpay: YES/NO Childcare Vouchers: YES/NO Childcare Voucher provider:

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

By completing this application form I agree to the RCC Policy published on the school website.

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:

The After School Club is closed on the last day of each term (before the Christmas, Easter and Summer breaks)