

TT After School Club

Admission Form

Full Name of Child:	
Address:	
Postcode:	
Home Telephone Number:	
Date of Birth:	Year Group:
Name of Parent or Guardian:	
Work telephone number:	
Mobile telephone number:	
If other than the Parents or Guardians named above, who has parental responsibility and legal contact with the child named above:	
Emergency contact if parent/guardian not available:	
Telephone Number:	
Doctors Name:	Telephone Number :
Any Allergies or Disabilities:	
Ethnic Origin of Family:	Language spoken by child/family:
Religion:	Any Dietary Needs:

It is with regret that TT After School Club accepts no responsibility for any damage to clothing or any article that your child brings to the club.

Signature of Parent or Guardian _____

Notice of Consent

I hereby give my consent for my child to be taken on a group outing locally, by Amanda Franklin or a member of her staff. (All outings are pre-arranged with parents).

Signature of Parent or Guardian : _____

I give permission for Amanda Franklin or a member of her staff to authorise administration of any medical treatment necessary in my absence

Signature of Parent or Guardian : _____

There are occasions when photographs are taken of the children during club time to provide Ofsted with evidence of work and projects that are undertaken. These photographs remain the property of the school at all times and are never used for any other purpose nor are they viewed off the premises. You will appreciate that the taking of photographs of children is highly regulated.

I confirm that I agree to photographs being taken of my child for the purpose detailed above.

Signature of Parent or Guardian: _____

Please name & give their contact numbers of 3 people below who you authorise to collect your child in your absence.

1 _____

2 _____

3 _____

Please indicate preferred days on the table below.

All Week	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

If you have any further queries please call Amanda on 07501224265 or Debbie 07847423496