



ADMISSION FORM for CARE & HOLIDAY CLUBS

Please complete sections

The Data Protection Act (1998) and the Education (School Records) Regulations (1989) protect this strictly confidential information, stored on the school's student records database. The information on ethnic origin and first language is needed by the school and by Cambridgeshire County Council (the Children's Services Authority). This is to ensure that resources are made available when required and that the Education Service offers real equality of opportunity for all pupils.

The sections marked * are non-compulsory. If supplied, this information will be shared with Cambridgeshire County Council and other relevant bodies administering public funds.

By signing this form, I/we give permission for the data to be shared as appropriate to enable: determination of the support available; verification of any entitlement to Free School Meals/Pupil Premium; prevention and detection of fraud in connection with any claims; periodic checks by the Education Welfare Benefit Service to confirm entitlement to education benefits.

For further information on the handling of personal data, please see a copy of the Privacy Notice at

http://www.cambridgeshire.gov.uk/info/20044/data_protection_and_foi/148/information_and_data_sharing/5

Legal Surname (as it appears on child's birth certificate)

Legal Forename (as it appears on child's birth certificate)

Middle Name(s)

Known as (if different) Gender: Male / Female Date of Birth

Home Address

Postcode Home telephone

Email Address:.....

Is child below school age? Yes / No

School / Nursery they attend:

MEDICAL DETAILS

Doctor & Surgery

Address & Telephone

Please state any medical conditions which you wish the Club to be made aware, (e.g. asthma, epilepsy, allergies)

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.....

Does your child have any Special Needs Provision? Yes / No Do they have an EHC Plan or EHA? Yes / No

If Yes to either of the above please provide some details

.....
.....



CONTACT 1

Title Surname Forename

Relationship to child Parental responsibility YES / NO

*Date of Birth

Home address

Postcode Home Telephone Number

Telephone numbers (Mobile) (Work)

Place of work Email

CONTACT 2

Title Surname Forename

Relationship to child Parental responsibility YES / NO

*Date of Birth

Home address

Postcode Home Telephone Number

Telephone numbers (Mobile) (Work)

Place of work Email

CONTACT 3

Title Surname Forename

Relationship to child Parental responsibility YES / NO

*Date of Birth *NI Number

Home address

Postcode Home Telephone Number

Telephone numbers (Mobile) (Work).....

Place of work Email



About your child

Please detail any dietary requirements for your child

What are your child's favourite activities?

Is there anything your child doesn't like (food, games, etc) or is scared of?

What is your preferred method of payment of Club fees: SIMS Agora / Childcare vouchers

Do you give permission for us to use photos of your child as per our Online Safety policy? Yes / No

Do you give permission for your child to take part in outings in the local village eg visit the park? Yes / No

I certify that, to the best of my knowledge, the information on this form is correct.

I understand that the Club has policies and procedures (which are available for me to inspect upon request) and there are expectations and obligations accompanying attendance at Care or Holiday Clubs and both I and my child agree to abide by them.

I am aware that the Club has a statutory duty to report suspected child abuse or neglect.

I give permission for a trained member of staff to administer appropriate first aid if required.

I understand that the provision of medicines to my child is not a service that the Club is obliged to undertake and the Club will follow the School's Administration of Medicines Policy.

I give permission for the Club to seek any necessary emergency medical advice or treatment in the event that my child is involved in a serious accident.

Late collection of my child will result in a charge as detailed in the Parent/Carer contract. I understand that persistent late or non-payment of fees will jeopardise my child's place at the Club.

Name of Parent/Guardian:

Signature:.....

Date