



**Our Lady Immaculate Catholic Primary School  
After School Club**

**ADMISSION FORM**

**The information that you provide on this form will only be held and disclosed in accordance with the Data Protection Act 1998. All information collected is treated with the utmost care and strict guidelines are followed in relation to how we process and disclose information.**

**Full Name of Child :** Surname or Family Name ..... **Date of Birth** .....  
Forename/ Preferred Forename ..... **Gender** M/F

**Address :** .....  
..... Post Code ..... Home Tel No ..... Mobile No .....

**Emergency Contacts During School Hours :**

**1<sup>st</sup> Contact :** Name ..... Home/Mobile Tel No .....  
Address: ..... Relationship to Child .....

**2<sup>nd</sup> Contact :** Name ..... Home/Mobile Tel No .....  
Address: ..... Relationship to Child .....

**Names of Persons with legal responsibility for your child**

.....

**Names of Persons Authorised to collect your child (including contact numbers)**.....

.....

**Religion** (if any)..... **Ethnicity**.....

**Languages Spoken**.....

**Doctor's Name** ..... **Doctor's Telephone Number**.....

**Doctor's Address** .....

**Health Visitors Name/** (if applicable)..... **Telephone Number**.....

**Health Visitors Address** .....

**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**

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**PARENTAL CONSENT**

Do you consent to a member of staff at the club applying a plaster to your child’s skin if required  
Do you consent for member of staff at the Club to apply sun cream to you child in hot conditions  
Do you consent to your child watching PG rated videos in the after school club  
Do you consent to your child being photographed (including video) during After School Activities  
and for the photo’s to be used within After School for educational purposes including display.

**YES/NO**  
**YES/NO**  
**Yes /No**  
**YES/NO**

**Any other relevant information**.....  
.....

**Please indicate below the After School sessions that you will require for your child.**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>

**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 to fees will jeopardise my child’s continued attendance at the Club.**

**I confirm that the information given is correct, and I promise to contact the Manager as soon as any of the details change.**

**Signature of Parent/Carer**..... **Date**.....

If you have any questions or comments please get in touch with Mrs Sergeant/Mrs Finnigan