



THE FUN CLUB
At Maes y Felin



Please note, we are an English Medium Club and it has a No Smoking Policy at the club.

Child's Name:

Date of Birth: Gender: Male / Female

Home Address:

.....

Telephone Number:

Place of Work (mother) Tel. No.:

Place of Work (father) Tel. No.:

Who to contact in an emergency:

Name of person to collect child:

Child's Doctors Name: Tel No.:

Address:

Allergies/Medication:

Immunisations: When was your child's last tetanus injection?

Religion: Ethnicity:

Other Relevant Information:

Please tick this box to indicate that you understand and give permission for the collection of non-standard information.

- I have read the Out of School Club Brochure and agree to pay all fees due as set out in the current fee list.
- I agree to pay / replace any item that is damaged if caused by my child's misbehaviour.
- I hereby agree / do not agree that a qualified first aider is able to administer any medication needed to my child if required and I also agree that if parent / carer can not be contacted that my child will be taken to hospital if the need arises.
- Wrap round care - I hereby agree that I will give one months notice of my intention to remove my child from this setting or the normal fee will be charged
- After school club- I hereby agree that I will give one week's notice of my intention to remove my child from this setting or the normal fee will be charged

Signed: Date: