School’s Out Holiday Squad

Arran Avenue

 Blackburn

Lancashire

BB1 2ET

 Tel: 07783165251

 Email: schoolsoutholidaysquad@gmail.com

ADMISSION FORM

**Pupil Information:**

|  |  |
| --- | --- |
| **First Name** |  |
| **Surname** |  |
| **Date of Birth** |  | **Gender** |  |
| **Home Address** |  |
|  |
|  | **Postcode** |  |
| **Primary School Attending** |  |
| **Dietary Requirements** **(e.g. medical / religious / ethnical)**  |  |
| **Medical Information** |  |
| **Allergies** |  |

**Medical Needs:**

I give full permission for:

* The After School staff to administer first aid to my child.
* In the event of an emergency, I agree for the After School staff to authorise any emergency medical treatment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Dated** |  |

|  |  |
| --- | --- |
| **Family Doctor Name** |  |
| **Family Doctor Address** |  |

**Parent / Guardian Emergency Contact Details**

|  |  |
| --- | --- |
| **Title** | Mr / Mrs / Miss / Ms |
| **Full Name** |  |
| **Relationship to Child** |  |
| **Daytime contact number** | Parent/Guardian 1: |
| Parent/Guardian 2: |
| **Email Address** |  |
| **Password for Emergency Collection**  |  |

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| **Parent Permission (Photographs, Social Media and Internet use at SOHS)** |
| We may use images for social media, leaflets and advertisements purposes. We need your permission to photograph or make recordings of your child and use them for social media purposes. I DO/DO NOT GIVER PERMISSION FOR MY CHILD BEING PHOTOGRAPHED OR RECORDED FOR THE FOLLOWING PURPOSES: (please circle) * For use on social media Yes / No
* For use on our flyers Yes / No
* For use on our social media advertisements Yes / No

I DO/DO NOT GIVE PERMISSION FOR MY CHILD TO USE THE CLUBS IPADS WITH INTERNET ACCESS. Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Guardian) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| **Terms & Conditions** |
| * All admission forms must be completed on your child’s first day when collecting from After School Club.
* School’s Out Holiday Squad must be advised of any change to personal details at the earliest opportunity in case of an emergency.
* Bookings need to be made on a monthly basis (an email / text message will be sent to parents at the end of each month. Parents must reply to the email / message with the dates they require. There is a cut-off date for bookings which will be specified in the monthly email / text message.
* Any late bookings or added dates will try to be accommodated but are not guaranteed.
* Any cancellations after placing a booking, after the deadline booking date, will be charged at the full rate.
* If your child is absent or sick you will be charged at the full rate.
* If your child needs to self-isolate due to Covid-19, you will still be charged at the full rate.
* The only time payment will not be requested is if the After School Club is closed due to unforeseen circumstances.
* School’s Out Holiday Squad has the right to cancel bookings due to staff availability or weather conditions. If the After School Club cancels any bookings, parents will not be charged.
* If your child is absent from school and cannot attend the After School Club, parents must inform the After School Club at the earliest opportunity.
* Children must be collected at any time before 6pm at Shadsworth Junior Schools reception. Any late collections will result in a late collection fee of £5. Persistent lateness will result in the After School Club place being withdrawn.
* If your child takes any medical prescriptions, for example, an inhaler, parents are responsible for making sure their child as this item in their school bag and must ensure the After School Club are aware of any medical information.
* Invoices will be emailed to parents / carers at the end of each calendar month. Parents will have 7 days to pay the invoice in full. If the account still stands in arears after 7 days your child’s place will be put on hold. A £10 charge will automatically be added to your account. Failure to pay after this, will result in further action being taken for the recovery of the outstanding balance.
* Parents can cancel their child’s place at any time but must make sure all outstanding fees are payed in full.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Guardian)Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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