



Cambo Afterschool Club Admission Form

Childs full name.....

Name to be used in Afterschool.....

Date of birth Gender.....

School attended.....

EthnicityReligion (if any).....

Languages spoken.....

Name of Parents/Carer.....

Home address.....

.....

Telephone numberMobile number.....

Can we contact you by Email.....Yes/No Email address.....

Parent/Carers place of work.....

Parent/Carers daytime telephone number.....

Other emergency contact details.....

Names of persons authorised to collect your child (including contact numbers)

.....

.....

Doctors name.....

Doctors address and telephone number.....



**Cambo Wraparound, Cambo Morpeth, Northumberland NE61 4BE.
Tel: 07887 409641 Email: cambowraparound@hotmail.co.uk**



Details of any significant health issues (including a special education need and /or physical disabilities statement).

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Details of any special dietary requirements, allergies and significant food and drink preferences.....

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.....

Record of immunisations.....

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Do you consent for members of staff in Afterschool Club to apply sun cream to your child in hot conditions Yes/ No.....

Any other relevant information.....

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In the event that your child is involved in a serious incident while in the Afterschool Club, the manager or a delegated member of staff will contact you immediately on the above emergency contact numbers.

In the event that your child requires immediate medical treatment before you get to hospital do you authorize the Manager or a delegated member of staff to consent to emergency medical treatment on your behalfYes/ No

I hereby consent for my child to take up a place in Afterschool 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 Afterschool Club and agree to abide by them.

I understand late or non-payment of fees will jeopardize my child's continued attendance in the Afterschool Club.

I confirm 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 feel free to speak to Patsy Millen



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