**12**

**Care Club Session Booking Form:2022-2023**

W/C-10/10 W/C- 17/10 W/C-24/10

Child 1 :

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Session | Time | Cost | Mon | Tue | Wed | Thurs | Fri |
|  |  |  | Tick if required | Tlck If required | Tick if required | Tick if required | Tick if required |
| Session 1 | 7.30-8.30am | £5.85 |  |  |  |  |  |
| Session 2 | 3.30-4.30pm | £5.85 |  |  |  |  |  |
| Session 3 | 3.30-5.00pm | £8.70 |  |  |  |  |  |
| Session 4 | 3.30-6.00pm | £13.20 |  |  |  |  |  |
| A charge will be made every 15 minutes for late collections | | £7.50 |  |  |  |  |  |

Child 2 : \*please remember these prices includes your 10% discount

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Session |  | Cost | Mon | Tue | Wed | Thurs | Fri |
| Session 1 | 7.30-8.30am | £5.30 |  |  |  |  |  |
| Session 2 | 3.30-4.30pm | £5.30 |  |  |  |  |  |
| Session 3 | 3.30-5.00pm | £7.85 |  |  |  |  |  |
| Session 4 | 3.30-6.00pm | £11.90 |  |  |  |  |  |
| A charge will be made every 15 minutes for late collections | | £7.50 |  |  |  |  |  |

**Please tick the days of the week that you require for October.**

|  |  |
| --- | --- |
| Child’s name: | Date of Birth: |
| Doctor’s Name | Doctor’s address: |
| Doctor’s Tel: |
| Does this child have any known medical problems or additional needs? (please list) | |
| Please detail any medical needs or medication in full: | |
| Please detail any known allergies: (An Allergy Management Plan will be put in place where required) | |
| Please detail any dietary requirements or allergies: | |
| Please detail any other information relevant to the child’s health: | |
| In the event that my child is involved in a serious accident, I, or my emergency contacts will be contacted immediately on the telephone numbers given on the Registration Form.  In the event that my child requires immediate medical treatment before I can get to the hospital I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.  I understand that I am responsible for updating this form as my child’s health needs change. | |
| Signed: | Date: |
| Print Name: | |

**Care Club Medical Form**

**Care Club Sun Protection**

Children love to play outside in the sun, but sunburn in childhood increases the risk of developing skin cancer in later life.

Care Club is concerned about protecting your child from sunburn and skin damage. Please provide a suitable hat, such as a legionnaire's hat or sunhat. On sunny days apply sunscreen to any exposed parts, and send sunscreen in to school with your child.

With your consent we will guide your child to apply sunscreen when necessary. Please complete and return the consent form below.



Permission to apply sunscreen



Child's name: ..

I am happy for my child to have sunscreen applied at Care Club.

I will provide a bottle of sunscreen labelled with my child's name for use at the Club.

Signed parent/carer):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This consent will remain valid whilst your child is in the care of this Club.