



**WAVES @ RYE COMMUNITY PRIMARY  
BREAKFAST AND AFTER SCHOOL CLUB  
APPLICATION FORM  
2021/2022**

CHILD'S INFORMATION		
Child Forename:	Surname:	Known as:
Ethnicity:	Date of Birth:	Age:
Current address:		
Language spoken:		
PARENT/CARER INFORMATION (parental responsibility)		
Name:		
Address:		
1 <sup>st</sup> contact number		
2 <sup>nd</sup> contact number		
Email address:		
EMERGENCY CONTACTS (in addition to Parent/Carer)		
	First Contact	Second Contact
Name		
Contact number		
MEDICAL INFORMATION		
List any medical conditions or pre-existing injuries (including allergies.) For allergies please also complete an allergy management plan.		
Does your child need to take medication whilst attending the club? (If Yes, please complete the health management plan and the permission to administer medication form)		<b>YES/NO</b>
Doctors name:	Doctors address:	Contact number:
Does your child have any additional needs? (If yes, please complete an additional needs form)		<b>YES/NO</b>
Are there any foods/drinks your child is not allowed to consume? If YES, please list below.		<b>YES/NO</b>
Reason:                      Preference              Religion              Medical              Other		

<b>CONSENT</b>		
<p>Whilst attending the breakfast/after school club do you the parent/carer give consent for your child to participate in the following (please note subject to revision due to Covid 19 guidelines):</p>		
<p><b>Photographs</b> I agree my child can be photographed by 'Waves' child care staff only, for the sole purpose of use within the club. I understand these photos will only be used for educational recordings, displays within the club and club based activities. I understand these photographs will not be used for any promotions or marketing without further request and consent.</p>	<b>YES/NO</b>	
<p><b>Application of sun cream</b> I agree that my child can have their own sun cream (provided by parent/carer) applied by the 'Waves' child care staff only, if they cannot apply it themselves.</p>	<b>YES/NO</b>	
<p><b>NOTE: 'WAVES' CHILD CARE STAFF WILL SHARE RELEVANT INFORMATION IF DEEMED NECESSARY FOR THE SAFETY AND WELL BEING OF YOUR CHILD</b></p>		
<b>CHILD COLLECTION</b>		
Please indicate who will be collecting your child from the club on a regular basis.		
Name and address		
1 <sup>st</sup> contact number		
2 <sup>nd</sup> contact number		
Relationship with child		
Collection Password will be the same as that given to the school.		
<p><b>If someone other than the people listed above is collecting your child you MUST notify the club with the details of who will be collecting your child.</b></p>		
<p><b>In the event of illness or accident requiring medical treatment, I hereby give my consent for the club staff to seek medical advice</b></p>		
<p><b>As the parent/carer of the named child I declare the above information to be correct and give consent for the 'Waves' child care staff to care for my child as indicated. I will inform the 'Waves' child care staff of any changes to this information immediately.</b></p>		
Signature of parent/carer		Date:
Signature of Waves staff member		Date:

CHILD'S INFORMATION		
Child Name:	Date of birth:	Age:
Current address:		
PARENT/CARER INFORMATION		
Name:		
Address:		
1 <sup>st</sup> contact number		
2 <sup>nd</sup> contact number		
Email address:		

BOOKING AND PAYMENT			
<b>Please advise of Payment Method</b>	<b>Payment via parent pay</b>		
<b>Club</b>	<b>:Breakfast Club</b>		<b>After School Club</b>
<b>Please Select Days</b>	M / T / W / TH / F		M / T / W / TH / F
<b>Start Date</b>		<b>End Date (if applicable)</b>	

**Please Ensure All Information Is Fully Completed Above.  
Failure to Complete This Form in Full Can Delay Your Child's Use of the Club.**

This form will be separated; the first 2 pages will be kept at site by the 'Waves' club staff and the last page given to the school office to process your booking.

**Office Use Only**

Breakfast Club			After School Club	
<b>Added to Club</b>			<b>Added to Club</b>	
<b>Sessions Booked</b>			<b>Sessions Booked</b>	
<b>Payment Set Up</b>	P/V		<b>Payment Set Up</b>	P/V