

**Breakfast Club and After School Club**

EXTENDED PROVISION FORM

Child’s Details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Forename |  |
| Date of Birth |  | Age |  |
| School Attending |  | Nationality |  |
| First Language |  | Religion |  |
| Any other special needs? |  |

**Dates required to attend The Fun Factory** (Please tick as appropriate)



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Club / Cost | Time | W/C | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast Club (£5.00 per session) | 07:30-08:35 |  |  |  |  |  |  |
| After School Club (£6.00 per session) | 15:15-16:30 |  |  |  |  |  |  |
| After School Club (£11.00 per session) | 15:15-17.30 |  |  |  |  |  |  |

 Parent / Guardian Details

|  |  |  |  |
| --- | --- | --- | --- |
| **(1) Name** |  | Address |  |
| Tel. No |  | Mobile No |  |
| Email |  | Work Tel |  |
| Workplace |  |  |  |
| **(2) Name** |  | Address |  |
| Tel. No |  | Mobile No |  |
| Email |  | Work Tel No |  |
| Workplace |  |  |  |

 **Emergency Contact Details** (Please provide us with 2 contact details in case of emergency)

|  |  |  |
| --- | --- | --- |
| **Contact 1** | Telephone No | Relationship to Child |
|  |  |  |
| **Contact 2** | Telephone No | Relationship to Child |
|  |  |  |

Medical History

|  |  |  |  |
| --- | --- | --- | --- |
| G.P |  | Address |  |
| Phone No. |  |
| Medical Conditions / Sensitivities |  |

**Food –** We promote healthy eating at The Fun Factory. Please could you advise of any intolerances / allergies to food below?

|  |  |
| --- | --- |
| **Intolerance / allergies to food?** |  |
| **If allergy is severe, what treatment is given?** |  |

The responsibility of a child is something we must all share, the children’s safety is paramount at all times. The more knowledge we have the safer a child will be. All children must be signed into and out of the clubs by an adult. We will not allow a child to leave the school with an unknown person to us without prior parental consent. Please provide details of people authorised to drop off and collect your child at the end of club.

The following people are authorised to drop off and / or collect my child

|  |  |
| --- | --- |
| **Name** | **Relationship to child** |
|  |  |
| **Name** | **Relationship to child** |
|  |  |

I give permission for staff to act in loco parentis (in place of parent) and act in the child’s best interests in the case of a medical emergency.

Please sign here: