



**RICHMOND HILL PRIMARY ACADEMY
AFTER SCHOOL CLUB APPLICATION AND PARENTAL CONSENT FORM 2018-2019**

Please check dates of operation carefully as After School Clubs do not operate every week. Any changes to the scheduled dates will be sent to you by text. Club Leaders are responsible for any 'exemptions' of participants from their club due to behaviour issues or failing to bring the correct equipment (e.g. shin pads for football).

I would like to apply for a place for my child to join the following After School Club(s)

Name of Child:- _____ Class:- _____

| NAME OF CLUB | YEAR GROUP | DAY |
|--------------|------------|-----|
| | | |
| | | |

Please state below which After School Clubs your child has accessed previously in 2018/2019

It is necessary for parents to provide contact and medical information to Club Leaders, as sometimes they are members of staff/outside providers who are not familiar with your child's details.

Medical Information:-

- Does your child have any allergies (including plasters)? Yes No
 - If Yes, please give details _____

- Does your child use an inhaler? Yes No
 - If Yes, please confirm that an inhaler is in the school office
 - If No, please explain _____

- Does your child have any other medical issues/use any other medication?
 - Yes No
 - If Yes, please give details _____

Full Name of Parent/Carer collecting child at 4.30p.m. _____

*Please give the name(s) of alternative people who have your permission to collect your child

Full Name:- _____ Relationship to child:- _____

Full Name:- _____ Relationship to child:- _____

Full Name:- _____ Relationship to child:- _____

***Please note:- If anyone other than the contacts listed above come to collect your child you will be contacted to verify arrangements before your child is released into their care.**

Emergency Contact Telephone Number:- _____

If my child receives a place on the above after school club(s) I agree to pay the full non-refundable cost by the deadline date stated.

Signed:- _____ Person with Parental Responsibility

Date:- _____