

Homework Club Sign Up Form

Please complete one form per child and return to Homework Club,
Eastern Angles Centre, Gatacre Road, IP1 2LQ.
community@easternangles.co.uk



Information section

- The club runs term time only
- It will be open from 3.00pm to 5.00pm, Monday – Thursday.
- To book – Either ring 01473 218202, email community@easternangles.co.uk or fill out this form and drop off at the Eastern Angles Centre.

I give my consent for _____ (insert young person's full name)
to attend Homework Club at The Eastern Angles Centre, Gatacre Road.

Please confirm which date(s) you would like to book your young person in to. Spaces to sessions are limited, once we've received your completed form, we will contact you to confirm your place:

Date:

Young Person's Additional Details

Address	
Date of Birth	
Languages Spoken	
Current School	
School Year group	
Any dietary requirements	
Any other Allergies	
Name and contact number of doctor's surgery if known	
Parent/Carer email address if available	

Is the young person on the SEND register? ☐

Do they have an EHCP? ☐

If you've answered yes to either of the above, please provide details, this is to ensure that your young person has the best possible experience when taking part in the club:

Emergency Contacts

Please provide details of two emergency contacts:

Contact 1:

Contact 2:

Name			Name	
Address			Address	
Telephone Number			Telephone Number	
Relationship to the child			Relationship to the child	

Collection from The Eastern Angles Centre

☐ An adult will collect my child from The Eastern Angles Centre after the session

Name of person collecting the young person: _____

Phone Number: _____

Name of person collecting the young person: _____

Phone Number: _____

OR:

☐ I am happy for my child to walk home alone.

Behaviour Policy and Terms and Conditions

Everyone using the homework club will agree to the Terms and conditions.

☐ I agree to my child adhering to the Eastern Angles Homework Club Terms and conditions and Behaviour Policy.

First Aid

☐ I'm happy for my child to receive first aid from an Eastern Angles Staff member.

Media and Photography Consent

☐

I give photography and film consent (images may be used by Eastern Angles Theatre Company, activity partners in funding applications, on their websites and social media accounts to showcase the activity which is taking place). All images will be stored securely, in line with our safeguarding policy.

Signed: _____
(person with parental responsibility)

Print Name: _____

Date: _____



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