

ZIGGY CLUB ADMISSIONS FORM

Please return to Ziggy Administrator



<u>CONTACT DETAILS</u>			
Childs Name:			
Date of Birth:		Age:	
Parent/carers name:			
Home Address:			
Daytime Contact No:			
Evening Contact No:			
Work contact No:			
Mobile Contact No:			
Email Address:			
Please also give two additional emergency contacts in order of preference:			
1) Name:			
Address:			
Daytime Contact No:			
Evening Contact No:			
Mobile Phone No:			
Relationship to child:			
2) Name:			
Address:			
Daytime Contact No:			
Evening Contact No:			
Mobile Phone No:			
Relationship to child:			
<u>MEDICAL CONDITIONS</u>			
Does your child have any medical conditions or allergies:	Yes/No (Please circle)		
If so please give any details:			
When was last episode:			
<u>DIETARY REQUIREMENTS</u>			
Does your child have any dietary requirements:	Yes/No (Please circle)		
If so please give any details:			

<u>CONSENT</u>	
I consent to staff using plasters if required	Yes/No (Please circle)
I consent to my child's photograph to be taken & image used (On school media only)	Yes/No (Please circle)
I consent to staff administering sun cream if required	Yes/No (Please circle)
I consent to let my child view films with a U or PG rating	Yes/No (Please circle)
<p>I hereby consent for my child to take up a place at this club and agree to comply with the terms and conditions set out in its policies and procedures.</p> <p>I understand that persistent late or non-payment of fees will jeopardise my child's continued attendance at the club.</p> <p>I confirm the above information is correct and will contact the Ziggy administrator as soon as any details change.</p> <p>By paying for this club you are entering into a contract with the school. Should your child not follow the rules of the club they will be asked to leave and the afterschool provision will be withdrawn. Refunds will not be given if a child is asked to leave a club due to poor behaviour.</p>	
Signed:	
Print Name:	
Date:	
Relationship to child:	
<p>I enclose the £12.00 Yearly Administration Fee (PPay/CHQ/Cash/Voucher) Please tick Paid on.....</p>	

Please contact:- dee.dehaan@oxleyparkacademy.com with any queries or comments.

Office Use only

Allergies/medical register updated	
Photograph register updated	
Suncream register updated	
Film register updated	
Admin fee received	