

# Shining Stars Kids' Club MEMBERSHIP FORM

<b>CHILDS NAME (in full):</b>	<b>MALE / FEMALE</b>
<b>DATE OF BIRTH:</b>	<b>AGE:</b>
<b>ADDRESS:</b>	<b>POSTCODE:</b>
<b>SCHOOL ATTENDED:</b>	<b>CLASS:</b>
<b>SCHOOL FINISH TIME:</b>	
<b>NAME OF PARENT/GUARDIAN:</b>	<b>TITLE:</b>
<b>Tel No. DAYTIME:</b>	<b>EVENING:</b>
<b>EMAIL ADDRESS:</b>	

## COLLECTION ARRANGEMENTS

<b>I WILL COLLECT MY CHILD</b>	<b>YES / NO</b>
<b>Please note details below of other persons who have permission to collect my child</b>	
<b>1. NAME:</b>	<b>RELATIONSHIP TO CHILD</b>
<b>ADDRESS:</b>	<b>POSTCODE:</b>
<b>TEL NO. DAYTIME:</b>	<b>EVENING:</b>
<b>2. NAME:</b>	<b>RELATIONSHIP TO CHILD:</b>
<b>ADDRESS:</b>	<b>POSTCODE:</b>
<b>TEL NO DAYTIME:</b>	<b>EVENING:</b>

# MEDICAL INFORMATION AND SPECIAL PARTICULAR NEEDS

<b>EMERGENCY CONTACT:</b>	
<b>TEL:</b>	<b>RELATIONSHIP TO CHILD:</b>
<b>DOCTORS NAME:</b>	
<b>DOCTORS ADDRESS:</b>	
<b>DOCTORS TEL NO:</b>	
<b>DENTISTS NAME:</b>	
<b>DENTISTS ADDRESS:</b>	
<b>DENTISTS TELEPHONE NO:</b>	
<b>DOES YOUR CHILD HAVE ANY KNOWN ILLNESS OR ALLERGIES?</b>	<b>YES/NO</b>
<b>IF YES, PLEASE DETAIL:</b>	
<b>DOES YOUR CHILD HAVE SPECIAL DIETARY REQUIREMENTS?</b>	<b>YES/NO</b>
<b>IF YES, PLEASE DETAIL:</b>	
<b>IS YOUR CHILD ON REGULAR MEDICATION?</b>	<b>YES/NO</b>
<b>IF YES, PLEASE DETAIL:</b>	

<b>DOES YOUR CHILD REQUIRE HELP WITH ADMINISTERING THE MEDICINE?</b>	<b>YES/NO</b>
<b>DOES YOUR CHILD HAVE ANY PARTICULAR OR SPECIAL NEEDS:</b>	<b>YES/NO</b>
<b>IF YES, PLEASE DETAIL:</b>	
<b>DOES YOU CHILD HAVE A STATEMENT OF EDUCATIONAL NEEDS?</b>	<b>YES/NO</b>
<b>IF YOUR CHILD OR FAMILY HAS AN ATTACHED SOCIAL WORKER, PLEASE COULD YOU GIVE THEIR NAME:</b>	
<b>PLEASE INDICATE ANY ACTIVITIES IN WHICH YOUR DO NOT WISH YOUR CHILD TO TAKE PART:</b>	
<b>WHAT GAMES AND ACTIVITES DOES YOUR CHILD ENJOY PARTICIPATING IN:</b>	

# ATTENDANCE

DAY	CLUB(S)	FREQUENCY
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

*Please mark the days you would like your child to attend, note which club, i.e. Breakfast, After School etc. note the frequency, i.e. weekly, fortnightly, monthly etc.*

# CONSENT REQUESTS

**Please read the consent requests below and mark them as appropriate.**

Some of the routine activities of the club may involve visits or other short trips off the premises. In order for your child to take part in these activities we must have your written consent

I DO / DO NOT\* agree to my child taking part in the excursions described as above.  
 DELETE AS APPROPRIATE

As a club we spend a lot of time in the outside area. Sometimes it is necessary to provide the children with sun protection.

I AUTHORISE/ I DO NOT AUTHORISE playworkers to administer sun cream on my child.

I CONSENT/ I DO NOT CONSENT\* to my child undergoing any emergency medical treatment necessary during the running of the club.

I AUTHORISE/ I DO NOT AUTHORISE\* the play staff to sign any written form of consent required by hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

\* DELETE AS APPROPRIATE

Should your child need to take medication which has been prescribed by your GP, we need your consent to administer same.

I AUTHORISE/ I DO NOT AUTHORISE\* the play staff to administer medication - on my instruction only.

\*DELETE AS APPROPRIATE.

## Monitoring Information

PLEASE INDICATE ETHNIC GROUP:	
PLEASE INDICATE IF ANY OTHER LANGUAGE SPOKEN OTHER THAN ENGLISH:	
ARE YOU CURRENTLY OR WILL YOU BE CLAIMING THE CHILDCARE ELEMENT OF WORKING TAX CREDIT?	YES/NO
DO YOU CURRENTLY ACCESS CHILDCARE VOUCHERS?	YES/NO
IF YES, WHICH COMPANY IS USED? NAME:	

## RELEVANT INFORMATION

PLEASE USE THE SPACE BELOW TO PROVIDE ANY OTHER INFORMATION YOU MAY FEEL RELEVANT

## TERMS AND CONDITIONS

PLEASE NOTE THAT IF YOUR APPLICATION FOR MEMBERSHIP IS ACCEPTED, THIS MEMBERSHIP FORM WILL FORM THE BASIS OF YOUR CONTRACT WITH THE CLUB.

ALL INFORMATION PROVIDED ON THIS FORM WILL REMAIN CONFIDENTIAL IN ACCORDANCE WITH PRUDHOE WEST FIRST SCHOOL'S CONFIDENTIALITY POLICY & DATA PROTECTION

I HAVE READ THE ABOVE CONSENT REQUESTS AND HAVE MARKED THEM AS APPROPRIATE.

SIGNED:

DATED:

AT SHINING STARS KIDS' CLUB WE AIM TO PROMOTE A FUN AND CARING ENVIRONMENT FOR ALL OUR CHILDREN. WE UNDERSTAND THAT EACH CHILD IS AN INDIVIDUAL AND WE VALUE THEIR INDIVIDUALITY. TO HELP US KNOW YOU'R CHILD BETTER SO THAT WE CAN ENSURE AN EXCELLENT QUALITY OF CARE, WE WOULD LIKE YOU TO INCLUDE ANY FUTHER INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD.

## **YOUR CHILD**

## **LIKES AND DISLIKES**

PLEASE INCLUDE ANY INFORMATION ABOUT YOUR CHILD'S SPECIFIC LIKES AND DISLIKES (FOR EXAMPLE, WHAT THEY ENJOY DOING, WHAT THEY LIKE TO EAT Etc.)

## **CULTURAL / RELIGIOUS NEEDS**

DOES YOUR CHILD HAVE ANY SPECIFIC CULTURAL/ RELIGIOUS NEEDS WE SHOULD BE AWARE OF?

## DETAILED MEDICAL INFORMATION

IS THERE ANY FURTHER MEDICAL INFORMATION YOU WISH TO INFORM US OF (FOR EXAMPLE, MEDICATION ETC.)