

**WELTON OUT OF SCHOOL CLUB
MEMBERSHIP FORM**

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS	
Child's Name (in full)	Male/Female
Date of Birth:	Age:
Address:	Postcode:
	Class:
Name of Parent/Guardian:	Title:
Tel No. (incl STD code): Day	Evening:
Email address:	
COLLECTION ARRANGEMENTS	
I will collect my child/children from school	YES/NO
Please note below the details of any other person(s) who are authorised to collect your child from the club:	
1. Name:	Relationship to child:
Address:	Postcode:
Tel No (incl STD): Day	Evening:
2. Name:	Relationship to child:
Address:	Postcode:
Tel No (incl STD): Day	Evening:
MEDICAL INFORMATION AND SPECIAL PARTICULAR NEEDS	
Emergency Contact:	
Tel:	Relationship to child:
Doctor's Name:	
Doctor's Address:	
Doctor's Tel No (incl STD code):	
Does your child have any known illnesses or allergies?	YES/NO
If yes, please detail:	
Does your child have special dietary requirements?	YES/NO
If yes, please detail:	
Is your child on any regular medication?	YES/NO
If yes, please detail:	
Does your child need help with administering medicine?	YES/NO
Does your child have any particular or special needs?	YES/NO
If yes, please detail:	

Does your child have a Statement of Education Needs		YES/NO	
If your child or family have an attached Social Worker, please give their name:			
Please indicate any activities in which you do not wish your child to take part:			
What games and activities does your child enjoy participating in:			
ATTENDANCE			
Please tick the days you would like your child to attend, note the frequency, ie. Weekly, fortnightly, monthly etc.			
DAY	AM	PM	FREQUENCY
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
What date would you like your child to start?			
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. (For major trips and outings, a consent form requesting your permission will be sent home with your child)			
I do/do not * agree to my child taking part in the excursions described above.			
I consent/do not consent * to my child undergoing any emergency medical treatment necessary during the running of the club.			

MONITORING INFORMATION			
Please indicate ethnic group (tick as appropriate)			
African		Bangladeshi	
Chinese		English/Scottish/Welsh	
Indian		Irish	
Somali		Turkish	
		Caribbean	
		Greek	
		Pakistani	
		Vietnamese	
Please indicate any other language spoken other than English?			
Are you currently or will you be claiming the childcare element of Working Tax Credit? YES/NO			
RELEVANT INFORMATION			
Please use the space below to provide any other information you feel may be 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 the Welton Out Of School Club confidentiality policy.

I have read the above consent requests and have marked them as appropriate.

I agree to the terms and conditions as detailed in the Club policies.

Signed:

Date: