

5. Does your child have any known medical problems? (Please list below)

6. Does your child have any specific needs – dietary/ known allergies/ other?

7. On which days would you like your child to attend the club (please tick?)

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club 7.30am- 9.00am					
After School 3.15pm- 6.15pm					

8. When would you like your child to start the club?

9. Please tell us your child’s first language, religion & culture?

First Language:	Religion:	Culture:
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10. Please provide any other information that will help us support your child whilst in our care?

11. To help us see how well our equal opportunities policies are working it would be helpful if you would say to which ethnic group your child belongs (optional). Please tick/ circle.

- | | | |
|-----------------|-------------|----------------------------|
| White | Indian | Black Other |
| Black African | Pakistani | Chinese |
| Black Caribbean | Bangladeshi | Other (please state) |

12. I give written permission to allow for my child to have: (delete as appropriate):

- Emergency medical advice or treatment if necessary. I have read the parents Handbook and I am happy with the procedure that would be followed.
- Photographs taken for promotional purposes inc. social media sites, club displays and portfolios.
- Sun cream applied by a member of staff if necessary.
- Face paints applied.

13. Security Password:

14. I am happy to receive invoices and other club information via email. My email address is:

I AGREE TO ABIDE BY ALL OF THE TERMS & CONDITIONS and POLICIES & PROCEDURES LAID OUT BY JULES ET LIS.

Print Name:
Signed: Date: