**Funshine Application Form**

**Child 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s First Name** |  | **DOB** |  |
| **Child’s Surname** |  | **Class** |  |

**Child 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s First Name** |  | **DOB** |  |
| **Child’s Surname** |  | **Class** |  |

**Child 3**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s First Name** |  | **DOB** |  |
| **Child’s Surname** |  | **Class** |  |

**Please tick relevant boxes in regards to which sessions you need:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Session Type/Timings** | **Breakfast Club**  **7:30-8:50am** | **After School Half**  **15:15-16:45pm** | **After School Full**  **15:15-18:00pm** |
| **Price Per Child** | **£4.90** | **£5.90** | **£10.20** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

*\*\*10% discount available for siblings\*\**

**Payment**

Once your child is successfully enrolled onto Funshine Club, you will receive an invoice via email at the beginning of each month for the total balance for your child’s attendance during that month.

Payments can be made in weekly installments, or in one sum, but must be paid by the end of the month. We will send you an email with dates invoices will be sent out and dates the invoices must be paid by.

**Payment Methods**

We have the following payment methods available which are listed below. Please tick the box in relation to which method will apply to you:

|  |  |
| --- | --- |
| **Online on S2S Courses website (via Visa Debit, Credit Card or Paypal)** |  |
| **Childcare Vouchers** (please provide name of scheme you wish to use) |  |

*All childcare voucher codes will be sent in an introduction email, and will also be on each invoice sent out.*

**Contact Information**

**Parent Details**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Mobile Number** |  |
| **Work Number** |  |
| **Home Number** |  |
| **Email Address** |  |
| **Home Address** |  |

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| --- |
| **Does anyone else have parental responsibility over this child or children?** Please state |

**Emergency Contact Details**

*(please provide details for one other person we can contact if we are unable to contact you)*

|  |  |
| --- | --- |
| **Full Name** |  |
| **Relationship to Child/Children** |  |
| **Mobile Number** |  |
| **Work Number** |  |
| **Home Number** |  |
| **Home Address** |  |

**Medical Information**

**Doctors Details**

|  |  |
| --- | --- |
| **Doctors Surgery** |  |
| **Contact Number** |  |
| **Address** |  |

**Child Medical Details**

|  |
| --- |
| **Child 1- Name:** |

|  |  |
| --- | --- |
| **Any medical conditions or medical needs we need to know about?** |  |
| **Does your child have any allergies? Please specify** |  |
| **Dietary Requirements** |  |
| **Special or Additional Needs we need to be aware of so that we can support accordingly** |  |
| **Is there anything else you think is relevant and feel we should know about?** |  |

|  |
| --- |
| **Child 2- Name:** |

|  |  |
| --- | --- |
| **Any medical conditions or medical needs we need to know about?** |  |
| **Does your child have any allergies? Please specify** |  |
| **Dietary Requirements** |  |
| **Special or Additional Needs we need to be aware of so that we can support accordingly** |  |
| **Is there anything else you think is relevant and feel we should know about?** |  |

|  |
| --- |
| **Child 3- Name:** |

|  |  |
| --- | --- |
| **Any medical conditions or medical needs we need to know about?** |  |
| **Does your child have any allergies? Please specify** |  |
| **Dietary Requirements** |  |
| **Special or Additional Needs we need to be aware of so that we can support accordingly** |  |
| **Is there anything else you think is relevant and feel we should know about?** |  |

|  |  |
| --- | --- |
| **Please tick if you are happy to receive Email Newsletters and Texts from S2S Courses to receive information regarding Funshine** |  |

**Terms and Conditions**

|  |
| --- |
| •  I consent for my child to attend After School Club. I understand that the Club has policies and procedures (which are available for reference at the Club), and that there are expectations and obligations relating both to the Club, myself and my child, and I agree to abide by them.  •  I understand that the Breakfast and After School Club is a play setting and that whilst my child is there the Club is legally responsible for him/her.  •  My child will be provided with a snack and drink whilst at the Club unless otherwise requested.  •  Once my child arrives at the Breakfast and After School Club he/she will be in the care of After School Club until collected and signed out by an authorised person.  •  I will notify the Club before the start of the session if I am collecting my child from school on a day that he/she is booked to attend the Club. I understand that I will be charged for the booked session.  •  I will book my child into the Club on a termly basis and will pay promptly for all booked sessions whether my child attends or not (e.g. due to illness or holidays), unless I have made other arrangements with the Club Manager.  •  It is my responsibility to keep the Club Manager informed of any alterations to the information regarding my child (e.g. contact details, medical conditions, etc).  •  I accept that my child may take part in messy activities while at After School Club. I understand that I can provide my child with appropriate clothing to accommodate this if I wish.  •  After School Club closes at 6.00 pm. If, due to unforeseen circumstances, I am going to be late, I will contact the Club Manager as soon as possible.  •  If I do not collect my child by 6.00pm I will pay a charge of £10 per quarter of an hour to cover the costs of the staff who are legally required to supervise my child.  •  If I do not collect my child by 6.30pm, and the club has been unable to reach me or any of my emergency contacts, I understand that After School Club will follow its Uncollected Children Policy and contact Social Care.  •  Whilst After School Club tries to ensure the safety and security of items, I understand that it cannot be held responsible for loss or damage to my child’s property whilst at the Club.  •  I have read the Club’s Behaviour Management Policy and agree to its terms and appreciate that in some circumstances it may be necessary to exclude my child from the Club, and I will pay for any missed sessions unless otherwise agreed with the Club Manager.  •  If there are any accidents or incidents at the Breakfast or After School Club involving my child, I will be informed.  •  If my child has an accident at the Club, he/she will be treated by a qualified First Aider and I will be informed as soon as possible. If my child needs urgent medical treatment and I am unavailable, a member of staff from Breakfast or After School Club will sign any consent forms necessary for treatment on my behalf, as stated on the Club’s Medical Form.  •  Information held by the Club regarding my child will be treated as confidential. However, in certain circumstances, for example if there are child protection concerns, I understand that the Club has a legal duty to pass certain information on to other agencies, including Police, Social Care and Health Care professionals.  •  I understand that aggressive and abusive behaviour towards staff will not be tolerated.  •  By signing this contract, I know and understand that the number of days I have booked in for will have to be paid at the start of each week regardless of attendance.  Any missed days shall not be refunded or added on to the following week. I also understand that failure to pay for booked days means my child’s place will not be secured and will be offered to other paying children on a first-come-first served basis.  •  In the event that my child is involved in a serious accident, I expect to be contacted immediately. In the event that my child requires immediate medical treatment before I can get to the hospital I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf. |

I have read and understood the Parental Agreement Contract and I agree to be bound by it and any other relevant booking terms and conditions that are issued from time-to-time.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Legal Guardian)