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**Application Form – Club @Young Explorers – After School Club**

**£14:50 per session – Invoiced at the beginning of each term**

**Ad-hoc price is £15.50**

**Days required** (please circle)  **Mon Tue Wed Thu Fri**

Child’s Name: ………………………………………………………………………………………….. Gender Male/Female…………………………………………

Date of Birth: ………………………………Year group ….……………………………………. Home address …………………………………………………..

……………………………………………………………………………………………………………………………………………………………………………………………..

1. Parent/Guardian

Name of Parent/Guardian ……………………………………………………………………………………………………………………………………………………..

Relationship to child……………………………………………………………………………………………………………………………………………………………….

Day time Tel: ………………………………………………………………………………………. Evening Tel: ………………………………………………………….

Email: …………………………………………………………………………………………………... Mobile: ………………………………………………………………..

1. Parent/Guardian

Name of Parent/Guardian ……………………………………………………………………………………………………………………………………………………..

Relationship to child……………………………………………………………………………………………………………………………………………………………….

Day time Tel: ………………………………………………………………………………………. Evening Tel: ………………………………………………………….

Email: …………………………………………………………………………………………………... Mobile: ………………………………………………………………..

Name of person(s) who have Parental responsibility: ……………………………………………………………………………………………………………

Name of person(s) who have Legal contact and not responsibility: ……………………………………………………………………………………….

Are there any ‘shared care’ arrangements that may affect collection from club? Please specify :………………………………………….

……………………………………………………………………………………………………………………………………………………………………………………………….

Alternative emergency contact: Name…………………………………………………………………………………………………………………………………..

Daytime Tel: ………………………………………………………………………………………… Mobile: ………………………………………………………………….

Collection password ………………………………………………………………………………………………………… (mustbe known to anyone collecting)

Details of any special needs: ………………………………………………………………………………………………………………………………………………….

Medical conditions, Allergies and Medication: ………………………………………………………………………(Additional form necessary Y/N…)

Dietary Needs: ………………………………………………………………………………………………………………………………………………………………………..

Doctors Name: …………………………………………………………………………………. Tel No: ……………………………………………………………………….

Address: ………………………………………………………………………………………………………………………………………………………………………………….

Signature: …………………………………………………………………………………………… Date: ………………………………………………………………………..

Parent or Guardian

Name Printed: ……………………………………………………………………………………………………………