



At Shrivenham Primary School

APPLICATION FORM

STARTING DATE200..... Approximate leaving date

School attended.....Class

Breakfast club @ £4.00 per session from 8.00 a.m until start of school.

(Please circle) Monday, Tuesday, Wednesday, Thursday, Friday.

Is transport to Watchfield School required? (Please circle) Yes or No

After School club @ £11.00 per session

(Please circle) Monday, Tuesday, Wednesday, Thursday, Friday.

Is transport from Watchfield School required? (Please circle) Yes or No

Child's full name

Known nameDate of Birth..... Sex.....

Address

.....Post codeTelephone number

Main Language usedReligion Nationality

Mother's nameAddress if different
.....Post Code

Email address.....

Home Telephone numberMobile telephone number

Place of work Work telephone number.....

Father's name Address if different
.....Post code

Home telephone numberMobile telephone number.....

Email address.....

Place of workWork telephone number.....

Details of people authorised to collect your child

Name	Telephone number	Relationship to child

Please give details of people who we can contact in emergency if we are unable to contact you.

Name	Telephone number	Relationship to child

Name of Doctor Practice Name

Address

Post CodeTelephone number

Name of Health Visitor.....Address.....
.....

Post CodeTelephone number

Has your child ever attended an Out of School club?

Please list immunisations received by your child including dates.

Please give details of any known allergies, regular medication or other health matters.

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If it is necessary for staff to administer medication please fill in a permission form.

Written permission from your doctor and training for the staff are required if your child has an allergy which may require use of an epi pen

Please give details of any special dietary needs.....

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Please give details of any special educational needs.....

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Please give details of any cultural or religious observances which should be taken into account when caring for your child (e.g. diet, dress, religious holidays)

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Any other information you feel will be useful

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How did you hear about the Barn Out of School Club?

Signed..... Date

Print name

**Please return to: Miss Jane Oughton,
1 Manor Close, Shrivenham, Swindon Wilts. SN6 8AE
Telephone number 01793 782182**

Under the Children Act we have a responsibility to protect children in our care. We are legally required to report any incidents or suspected incidents of abuse of any child in our care to the Oxfordshire Children & Families Assessment Team.

We like to take the children for walks to the play park and in the village in good weather, if you are happy for your child to be included on our outings please complete the box below.

WALKS IN THE VILLAGE

I confirm that I give permission for my child to go for walks accompanied by The Barn staff out of the Barn grounds.

Signed Print name
date

Please complete the following statements:

I give /do not give permission for plasters to be used on my child.

I give / do not give permission for children's suntan lotion to be applied on my child.

I give / do not give permission for photos of my child to be displayed at the Barn.

(delete as appropriate)

If your child becomes ill and we are unable to contact you but feel they should have medical attention please could we have your permission to contact the Elm Tree Surgery in Shrevenham or the hospital for your child to be seen by a doctor.

MEDICAL ATTENTION

I understand that in the event of sudden illness or accident requiring treatment by a doctor or hospital, I will be contacted, but that in an emergency if this is not possible, I authorise the Barn staff and Medical Authorities to act on my behalf inbest interests and if necessary transport to the hospital or surgery in a member of staff's car where I will meet them when I have been contacted.

I understand that you will inform me if such action is taken.

Signed Print name
Date