| Membership Application |
| --- |
| Summer school Applicant Information |
| Name: |
| Date of birth: | NI: | Phone: |
| Current address: |
| City: | County: | Post Code: |
| Number of children: | Our standard payment terms are 6 weeks in advance. Please contact for other payment options. | Booked date: |
| CHILD Information |
| Name of child: |
| Class Name: | Age: |
| Gender: |  |  |
|  | Special Educational Needs declaration:(please note that you will contacted for a further discussion prior to the after-school club) | Preferred Sport: |
| Interest/Hobbies: | Date of Birth: | Are you interested in half-term activities. Yes / No |
| Emergency Contact |
| Name of person: |
| Address: | Phone: |
| City: | County: | Post Code: |
| Relationship: |
| GP Information  |
| Doctor Name: |
| Address: | Surgery Name: | Phone: |
| MEDICAL INFORMATION |
| Any condition requiring medication: |
| Any physical disabilities: | Medication: |
| Allergies: | Food: | Other: |
| Infectious diseases: | Injury: | Fears or phobias: |
| Any other information: |  |  |
| 2nd Emergency contact |
|  |  |  |
|  |  |  |
|  |  |  |
| Children after-SCHOOL PICK-UP |
| Name | Name |
| Name | Name |
| Signatures |
|  |
| Signature of applicant: | Date: |

**Consent statement**

OKCI after-school club programme

A separate form should be completed for each child participating in this programme.

Parents/ Carers are strongly advised to give a mobile number or a number at which they can be contacted in the case of an emergency, in particular when urgent medical care may be necessary, as advised by a qualified medical doctor.

Parents / Carers are advice, where necessary, emergency medical treatment will be given. In all cases we will make every effort to contact parents/ Carers in an emergency.

In signing this form, I confirm for my child is in good health and consider him/her capable of taking part in the after-school club activities . I have completed the medical details and consent that in the event of any illness or accident any necessary treatment can be administered including those treatments by a certified medical practitioner. I also understand that members of OKCI staff and management will take every precaution to ensure that accidents do not happened.

Parents/Carers name:(BLOCK CAPITALS)…………………………………………………………………………………….

Signature of parent/Carers…………………………………………………………..

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

(Please note that this form must be sign by a parent/carer of the child who has legal responsibility for the child.)

Please return the form to

The information provided on this form will be used to process your application. It may also be used to update our records of where you live and send you information about our other services which may be of interest to you. The information will only be used by the OKCI after-school club and its partners.

Photographs of your child may be taken by employees of the OKCI after-school club and its partners whilst on the programme, which will be used for the purpose of promoting the activities of OKCI after-school club. In compliance with the UK GDPR Data protection Act, the organisers will not use the photographs for any other purpose.

If you do not consent to your child photograph to be use please use this box.