

All Aboard

Admirals Academy Extended Academy Provision Details and Contract Registration Form

Child's Surname		Forename(s)	
Date of birth	age	Academy/School	

Child's home address

.....
.....Post Code.....

Home phone no......**Email**.....

Parent/Carer's name.....(Please state relationship).....

Mobile number.....**Work tel no**.....

Parent/Carer's name.....(Please state relationship).....

Address (if different from above).....

Mobile number.....**Work tel no**.....

In case of emergency we will contact parents/carers as stated above, if unavailable please give two people who in an emergency situation can collect or be contacted about your child.

1st Contact name..... Tel no.....

2nd Contact name Tel no.....

Child's GP**Tel no**.....

Any medical conditions i.e. asthma, epilepsy or allergies

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Does your child have any special needs we need to be aware of?

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Religion.....

Family preferences e.g. observance of religious festivals, avoidance of meat.

.....

I give permission for staff to apply sunscreen supplied by me should my child be unable to do this themselves, also for my child to have his/her photograph taken while in the care of All Aboard. I understand that all policies and procedures are available for me to read and will be held in the academy office.

Signed.....Date.....

Please complete the daily session times you require for All Aboard.

Day	Breakfast Session	After School Session
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

I agree to pay for the above sessions a week in advance and to give one months notice to cancel my child's place. **Full fees will be charged if you cancel a session, or if your child is ill or on holiday. A fee of £5 per ten minutes will be charged for late collection.** Unpaid fees will result in cancellation of your child's place.

Signed.....Date.....

I consent to emergency treatment during All Aboard sessions. I authorise the staff to sign any written form of consent required by the hospital authorities, if the delay in getting my signature is considered by a doctor to endanger my child's health and safety.

Yes / No Signed.....Date.....

I hereby give my consent for the information given above to be held on file in compliance of the Data Protection Act 1998.

Signed.....Date.....

All Aboard, Admirals Academy, Admirals Way, Thetford, IP24 2JT

Telephone.01842 753993. Out of office hours please telephone 07724 050934.