



WACI @ STICKLEPATH PLAYScheme

OUR APPLICATION FORM			
NAME OF CHILD			
DATE OF BIRTH		RELIGION	
ADDRESS			
TELEPHONE			
NAME OF PARENT OR GUARDIAN			
WORK TELEPHONE			
MOBILE			
ANY CHANGES SHOULD BE NOTIFIED AS EARLY AS POSSIBLE			
EMERGENCY CONTACT This should be in addition to other contacts.			
Name of Person collecting child if different from parent or guardian PLEASE NOTE YOUR CHILD WILL NOT BE ALLOWED TO LEAVE IF WE DO NOT HAVE AUTHORISATION FROM A LEGAL PARENT OR GUARDIAN			
NAME	ADDRESS	TELEPHONE	
PASSWORD			
PLEASE NOTE THAT WE RUN FROM 8.30am TILL 6.00PM ANYBODY WHO COLLECTS THEIR CHILD AFTER 6.00PM WILL BE CHARGED AT A RATE £20 PER HALF HOUR.			

MEDICAL HISTORY

DOCTOR

ADDRESS

TELEPHONE

DOES YOUR CHILD HAVE ANY MEDICAL CONDITION / ALLERGIES ETC?

DOES YOUR CHILD HAVE A STATEMENT OR IN THE PROCESS OF A STATEMENT?

IS THERE ANY OTHER INFORMATION WE NEED TO KNOW? (Court Orders etc)

I GIVE PERMISSION FRO MY CHILD TO BE TRANSPORTED TO AND FROM SCHOOL.

Signed _____

Date _____

Print name _____

I CONSENT TO ANY EMERGENCY MEDICAL TREATMENT NECESSARY DURING OUR CARE

Signed _____

Date _____

Print name _____

**If your child requires any medicine whilst in our care please ask for a form
Do you give permission for a plaster if your child requires one?**

I give permission for my child to attend and agree to all the policies.

Signed _____

Date _____

Print name _____

Our policy for violence is Zero Tolerance. We will not accept any form of physical violence (Physical, verbal, mental or sexual). If your child is found guilty of any of the above then appropriate action will be taken.