



South Willesborough After School Club  
 East Stour Primary School  
 Earlsworth Road, South Willesborough  
 Ashford, Kent TN24 0DW  
 Tel: 07538 094419 E-mail: sw@kentplayclubs.org.uk

Registered Address: 3 Raywood Office Complex  
 Leacon Lane, Charing, Kent. TN27 0ET  
 Tel: 01233 713813 email: [info@kentplayclubs.org.uk](mailto:info@kentplayclubs.org.uk)  
 website: [kentplayclubs.org.uk](http://kentplayclubs.org.uk)  
 Charity Reg. No. 1104141

**ENROLMENT FORM**

**Please fully complete a separate enrolment form for each child and send direct to the After School Club at the above address with payment. Or pass it to the Senior Club Co-ordinator before the start of the new school term to ensure a place is held for your child. Please enclose a stamped addressed envelope if confirmation of your booking and/or a receipt is required.**

<b>Name of club you are applying for:</b> South Willesborough After School Club		<b>School child attends:</b>		<b>Start Date at Club:</b>	
Child's Full Name		Date of Birth:		M / F:	
Child's Main Address:					
					Post Code:
Person(s) with parental responsibility:					
Person(s) with Legal Contact:					
<b>Contact Numbers: Please underline the number, which you are most likely to be on during the Club hours</b>					
Home:		Work:		Mobile:	
Email address (if applicable):					
Child's Secondary Address:					
					Post Code:
Name of Parents/Carers/Legal Guardians:					
<b>Contact Numbers: Please underline the number, which you are most likely to be on during the Club hours</b>					
Home:		Work:		Mobile:	
Email address (if applicable):					
<b>Please tick the days you will be requiring a place to be held for your child (excluding school holidays)</b>					
Term Time	Monday	Tuesday	Wednesday	Thursday	Friday
Are these dates	(1) Regular	(2) Occasional			
Please give any details:					
<b>Medical &amp; Emergency Details</b>					
Does this child have any medical condition; dietary needs, allergies, special or cultural needs that we should be aware of? <b>YES / NO</b>					
If <b>yes</b> , please give details – Please include any signs/symptoms of illness/allergy (continue on a separate sheet if necessary)					
Does your child have a treatment/management plan If yes, please attach a copy. <b>YES / NO</b>					
Doctor's Name: & address		Telephone No.			
Do you give permission for emergency treatment to be given if unable to contact Parent or emergency contact person?					
If 'yes' please sign: Signed _____					
Relationship to child _____ Date _____					
If 'no' will you clearly write NO _____					
Who will collect the child:					
Their contact details (If different from above):					

**Contact Names in an emergency (other than parent/carer e.g grandparent/family friend):**

Contact 1 Name:		Contact 2 Name:	
Relationship to Child:		Relationship to Child:	
Home Tel. No:		Home Tel. No:	
Work Tel. No:		Work Tel. No:	
Mobile Tel. No:		Mobile Tel. No:	

**How to Pay**

Name of person paying fees:	
Address if different from above:	Post Code:

**Cash Payments** should be paid to Senior Club Co-ordinator of the club and a receipt will be given.

**Cheque payments** should be made to **South Willesborough After School Club** and paid direct to the Senior Club Co-ordinator

**Payment is always due in advance. You will be advised of your fees in advance. Failure to pay in advance will result in our child's place being withdrawn. South Willesborough After School Club is a not for profit organisation and so failure to pay in advance is detrimental to the Club.**

<b>Methods of payment (please tick one)</b> Cash	Cheque	Other (Voucher/funded place) (Please complete additional form)
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<b>Frequency of Payment (please tick one)</b>	Weekly	Every half term
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I, the Parent /Carer\*, declare that the information provided above is true to the best of my knowledge at the time of completing this form. If any details change I undertake to ensure that Kent Play Clubs are notified immediately in writing. I give permission for Kent Play Clubs to hold this information for the purposes of the after-school club and in line with the requirements of the Ofsted registration, and understand that it will not be passed on. I **do/do not** give permission for my child to go on short outings. I **do/do not** give permission for photos to be taken of my child. I **do/do not** give permission for sun protection lotion to be used on my child.

I understand and agree to these details being retained at the after school club and at Kent Play Club's offices. I understand that this information is confidential and used solely for the core purposes of the club, in line with the clubs policy/procedure and Data Protection legislation.

**I AGREE  (Please Tick)**

Signature of Parent/Carer*	Date:
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I the Parent/Carer agree to pay in advance for all sessions that I have booked, regardless of sickness or absence. Should I wish to cancel/change my booking I will notify South Willesborough ASC in writing two weeks prior to the cancellation/change or pay two weeks childcare as per this booking form. (After this time a refund can only be given if the vacancy is filled.) I will uphold and adhere to the Play Clubs policies\*. I understand that if I fail to collect my child by the specified closing time of the club, then I will be charged £15 for every 15 minute block after that time.

**I AGREE  (Please Tick)**

Signature of Parent/Guardian*:	Date:
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- *Parent or Carer **must** sign this form. If a Company is paying for the childcare then a signature must also be obtained below from an authorised person within that Company. In the event the invoice raised in a Company's name is not paid in full, I the Parent/Guardian understand that I am liable for the outstanding payment.*

Signed*:	Date:
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Print Name:	Job Title: <i>If applicable</i>
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**\* Terms & Conditions and South Willesborough After School Club's Policies are available on request**

**Booking Confirmation – Please enclose a stamped addressed envelope if this is required.**

*For Office Use Only*

South Willesborough After School Club confirm that a place will be held for your child for the forthcoming school year as per the details on this booking form.

We are committed to maintaining the highest possible standards during your child's care, and to stimulate and educate your child's mind and imagination within a fun and relaxed environment.

Kent Play Clubs welcome any ideas or suggestions you may have to further improve our service to you and your child. Please do not hesitate to pass on your comments to us at any point throughout the year.

If you wish to become more involved or can help us in what we do please contact us for more details.

Signed on behalf of South Willesborough After School Club:	Date:
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**Senior Club Co-ordinators should ensure completed forms are returned to KPC asap.**

## EQUAL OPPORTUNITIES MONITORING FORM

Kent Play Clubs is committed to developing and implementing its Equal Opportunities policy. Kent Play Clubs recognises that discrimination occurs on the basis of race, gender, age, sexual orientation and disability, and seeks to ensure placements at clubs are carried out fairly. In order to identify possible discrimination, Kent Play Clubs monitors applications for places at clubs. You are asked to assist us by completing the following information.

I would describe my child as (please tick one of the boxes below)	
<b>ETHNIC ORIGIN</b>	
<b>White</b> British Irish  Any other White background (please specify)	
<b>Mixed</b> White and Black Caribbean White and Black African White and Asian  Any other mixed background (please specify)	
<b>Asian or Asian British</b> Indian Pakistani Bangladeshi  Any other Asian background (please specify)	
<b>Black or Black British</b> Caribbean African  Any other Black background (please specify)	
<b>Chinese or other Ethnic Origin</b> Chinese  Any other ethnic background (please specify)	
<b>Male?</b>	
<b>Female?</b>	

<b>Child's First Language (Language Spoken at Home)</b>	<b>Child's Second Language</b>

Immunisation	Date
DTaP/IPV/Hib or 5-in-1 Vaccine	
Pneumococcal (PCV)	
Meningitis C (MenC)	
Hib/MenC (Booster)	
MMR	
DTaP/IPV – "Pre-school" booster	