



Drama Club Application

Name of Child:

Child's Date of Birth: Age.....

Any particular needs of child. i.e. any disabilities:

Please state dietary needs for your child:

Any allergies/medical conditions:

Name of Parent(s)/Guardian(s):

.....

Contact Number(s):

Emergency contact number other than parents/carers:

.....

(LATE FEE is charged after 5:30pm @ £1 per Minute) please advise of late arrival by 5.00pm

Phone:07960180496

Fees are due termly in advanced.

Term 1....

Term 2.....

Term 3.....

£90.00 per term (1 hour Session)

I would like To attend Term 1/2/3

Fee paid Signed by.....

Have you referred a friend? If so please tell us who..... (You will receive £15.00 off your first booking)

Cheque

Bank Transfer

Sort code 08-92-50 Account Number 70986235 co-operative bank. Reference Child's name and surname initial. A Weekly late fee of £3.00 is added to unpaid invoices.

A LATE FEE IS CHARGED FROM 5.30PM AT 1.00 PER MINUTE.

Please advise of late arrival on the work phone, by 4.00pm

A deposit in advance is required for each child.

(Standing orders, BAC's and Cheques are only accepted).

Drama club only: deposit of £40.00

Please write separately if you wish for your child to go home by themselves.

Photographic permission:

I give permission for To have pictures taken by the club for

Website

Social media

Display work.

Please circle

(Pictures for our website or social media: Twitter, Facebook or Instagram)

Public Liability Insurance Policy No. Displayed on the clubs notice board.

Issued by: MORTON MICHEL

CHILD PROTECTION STATEMENT

We understand that as registered child carers, at Brighter Horizons, we have a duty to safeguard any child entrusted to us and to discuss any concerns about the Child and the parent/carer unless it places us or our families at risk.

Kidzone Adventures

If it is apparent that our concerns deserve further investigation we will be obliged to refer the situation to the duty officer of the Local Authority Social Services Department covering the area in which the child lives and to inform the relevant authorities responsible for the registration of Kidszoneadventures after School Club parents will always be informed first.

Parent(s)/Carers signature

Date

PERMISSION FOR US TO SEEK EMERGENCY MEDICAL ASSISTANCE/TREATMENT

I give kidszoneadventures Club permission to seek EMERGENCY Medical assistance/treatment for my child:

Childs Name

Parent(s)/Carers signature

Date

Deposits are only returnable when you provide a 4 week written notice of cancellation of your child's space. And if fee's have been paid on time with no added late fees.