

For office use only

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Admission: \_\_\_\_/\_\_\_\_/\_\_\_\_

Exit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please  
complete in  
black ink &  
block letters**

Head Office: 78 Gosford Road, Markethill Co. Armagh.

BT60 1RH Tel: 028 3755 2713

**Name of School** (attending) \_\_\_\_\_

School's Phone Number: \_\_\_\_\_

Child Details

Is English your child's first language Yes / No

(If no please give details of languages spoken)

Does your child have a 1 to 1 Classroom assistant:

Yes / No

Does your child have a designated Social worker:

Yes / No (If yes please give name) \_\_\_\_\_

Is your child waiting on any assessment for:

Educational/Behavioural/Medical conditions: Yes / No

(If yes please give details) \_\_\_\_\_

Is your child on any long term prescribed medication:

Yes / No

(If yes please give details) \_\_\_\_\_

**Doctors Details:**

Childs doctors' name: \_\_\_\_\_

Name of practice: \_\_\_\_\_

Phone Number of practice: \_\_\_\_\_

Does your child have any Allergies: Yes / No

(If yes please give details) \_\_\_\_\_

Does your child have any Impairments:

YES

NO

Sight		
Hearing		
Speech		
Physical		
Other		

(If yes please give details)

**Childs Name:** \_\_\_\_\_

Name child is known as: \_\_\_\_\_

Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address

\_\_\_\_\_ Post Code: \_\_\_\_\_

**First Parent / Guardian Details.**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

**Second Parent / Guardian Details.**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address if different from above:

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

**(Other than the above people)**

**Who is authorized to collect your child/ren**

1<sup>st</sup> Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Their Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (for security reasons)

Mobile Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

2<sup>nd</sup> Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Their Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (for security reasons)

**Diet**

Has your child specific diet requirements due to cultural/ religious beliefs / intolerances or allergies:

YES / NO if yes please give details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**About your child: (e.g. their favourites)**

Toys: \_\_\_\_\_.

Book: \_\_\_\_\_.

Board Game: \_\_\_\_\_.

Outdoor Game: \_\_\_\_\_.

**Parent / Guardian consents (please tick as appropriate)**

I/We give my/our permission to act on my/our behalf in case of emergency or accident and to such action as may be necessary for the benefit of the child. The decision to be taken by person in charge at the time of the emergency.

YES  NO

I/We agree to pay all reasonable costs/expenses which might be incurred in the before mentioned event.

YES  NO

I/We hereby give my/our permission for my/our child to take part in walks and other outings outside of the school grounds, on the understanding that the adult to child Ratio, as recommended by Social Care Trust will be adhered to at all times.

YES  NO

I/We give my/our permission for my/our child to be photographed by staff for the purposes of displaying in Fun 4U Club. All photographs will be destroyed when the display is taken down.

YES  NO

I/We give my/our permission for my/our child to be included in press releases issued by Fun 4U Club.

YES  NO

I/We give my/our permission for my/our child to play on the fixed installation equipment with in the School grounds.

YES  NO

I/We hereby give my/our permission for hypo allergenic plasters to be used on my/our child if necessary.

YES  NO

I/We give my/our permission for staff to assist with cleaning my child in the event of a toileting accident. (Age appropriate assistance only)

YES  NO

I/We give my/our permission for staff to assist my child with the reapplication of sun cream when necessary.

YES  NO

I/We give my/our permission for my child to walk unaccompanied from the school building to Fun 4U Club facility at the end of the school day from P3 onwards.

YES  NO

**Fun 4U Club would like to make you aware that should a staff member have reasonable concerns for your child's welfare, legislation permit's Fun 4U Club staff to contact Social Services without the parent's prior knowledge.**

**Terms and conditions:**

Payment of fees: Fess are paid monthly in advance, on or before 28th of the prior month. The amount of this payment will be based on the dates indicated on the monthly booking form submitted. All additional costs will be paid on the day requested or before 28th of the month that those costs have occurred. An absent form must be submitted to change your booked days, to insure that your amendments can be implemented on time this must be reach Fun 4U Club before the 15th of the prior month. When amendments are made after this date the original booked days will be charged as booked with any extra days required and all days will be due for payment as set out above. One calendar month notice is required by Fun 4U Club in the event of your child is leaving. In signing I agree that all of the above details are accurate and correct and I accept all of the terms and conditions outlined. Please note that we require parents / guardians to notify us immediately should any of the information contained in this enrolment form change. **Legislation also dictates that only an adult of 18 years plus can collect children from Fun 4U Club unless the said person is the child/ren's Father or Mother.**

Please tick this box to confirm that you have been provide with a copy of Fun 4U Club's Terms and Conditions and you have been given full excess to Fun 4U Club's Policies and Procedures files, which you have read and fully understand.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**For office use only**

Place on waiting list: YES / NO

Booking form receive: YES / NO

Place Allocated: YES / NO

Policies & Procedures sent by email: YES / NO

Registration checked YES/NO

Signed: \_\_\_\_\_

Date: \_\_\_\_\_