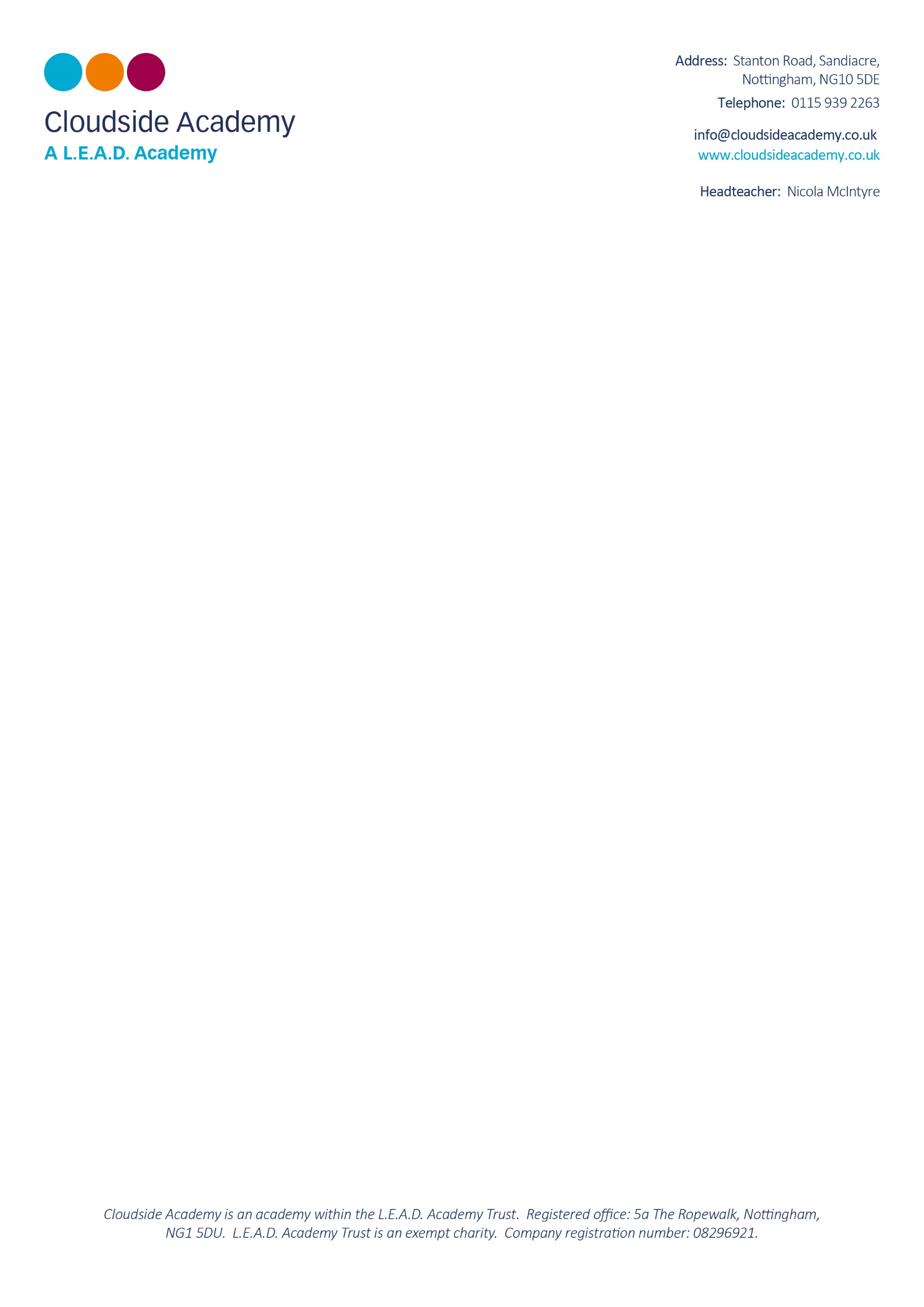
Head Teacher Melindar Kaur

Interim Head of School Susan Wass

Deputy Headteacher Jodie Milson

**Cloudside Sunshine Club**

# Breakfast and After School Club Application

I/We request that our child attend the Cloudside Sunshine Breakfast and After School Club.

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Any other person who has parental responsibility for this child

Name/ Addresses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Contact: 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Names, relationship

and phone numbers) 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, address and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

phone numbers of

anyone else who \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

may collect your child

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

Tell us about your child. (Likes, dislikes, favourite food, drink or breakfast cereal etc.)

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

Child’s Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you consider or does your child have any allergies? Yes No (please circle)

If yes please give full details ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you consider or does your child have any medical conditions? Yes No

If yes please give full details: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you consider or does your child have any additional needs? Yes No

If yes please give full details: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does your child have any special dietary needs? Yes No

If yes please give full details: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does / is your child receiving any medication? Yes No

If yes please give details of medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If yes does this medication need to be administered at Shine? Yes/ No

If yes please complete a medicines form giving dosage. (see medicines form)

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s home language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional language (y / n - if y which language) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who has legal contact with the child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who has parental responsibility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity:

Ethnicity: White British Asian or Asian British: Indian

White Irish Asian or Asian British: Pakistani

British

White: Traveller of Irish Heritage Asian or Asian British: Bangladeshi

British

British

White: Other Asian or Asian British: Other

White: Gypsy/Roma Black or Black British: Caribbean

Mixed: White and Black Caribbean Black or Black British: African

Mixed: White and Black African Black or Black British: Other

British

Mixed: White and Asian Chinese

Mixed: Other Prefer not to say

Any other ethnic group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| This information was provided by: |  |
| Parent |  |
| Carer |  |

**Booking Form Regular Days**

I would like to book my child ……………………………… of class …………..

On the regular days below.

**Breakfast**

Monday 7:30am start 8:00am start

Tuesday 7:30am start 8:00am start

Wednesday 7:30am start 8:00am start

Thursday 7:30am start 8:00am start

Friday 7:30am start 8:00am start

*\*please delete as appropriate*

**Afterschool Club**

Monday

Tuesday

Wednesday

Thursday

Friday

*\*please delete as appropriate*

All booked places will be chargeable and an invoice will be sent out to you in September, unless you give us 3 days’ notice, or your child is unwell and not at school.

If you require additional dates, please speak to a member of Cloudside Shine Fun Club. Any additional dates will be added to your next invoice

**Booking Form Shift Patterns ~ Week 1**

I would like to book my child ……………………………… of class …………..

On the regular days below.

**Breakfast**

Monday 7:30am start 8:00am start

Tuesday 7:30am start 8:00am start

Wednesday 7:30am start 8:00am start

Thursday 7:30am start 8:00am start

Friday 7:30am start 8:00am start

*\*please delete as appropriate*

**Afterschool Club**

Monday

Tuesday

Wednesday

Thursday

Friday

*\*please delete as appropriate*

All booked places will be chargeable and an invoice will be sent out to you in September, unless you give us 3 days’ notice, or your child is unwell and not at school.

If you require additional dates, please speak to a member of Cloudside Shine Fun Club. Any additional dates will be added to your next invoice.

**Booking Form Shift Patterns ~ week 2**

I would like to book my child ……………………………… of class …………..

On the regular days below.

**Breakfast**

Monday 7:30am start 8:00am start

Tuesday 7:30am start 8:00am start

Wednesday 7:30am start 8:00am start

Thursday 7:30am start 8:00am start

Friday 7:30am start 8:00am start

*\*please delete as appropriate*

**Afterschool Club**

Monday

Tuesday

Wednesday

Thursday

Friday

*\*please delete as appropriate*

All booked places will be chargeable and an invoice will be sent out to you in September, unless you give us 3 days’ notice, or your child is unwell and not at school.

If you require additional dates, please speak to a member of Cloudside Shine Fun Club. Any additional dates will be added to your next invoice.

**Cloudside Shine Club Terms & Conditions**

1. Payment Terms

* There is a nominal ‘one per family’ membership fee of £5.00.
* Fees – please see attached documentation.
* To help the club to keep the charges for every parent to a minimum, all parents are asked to pay fees in advance.
* Invoices will be sent out weekly/monthly in advance. These will clearly state the date by which fees should be paid.
* Fees for occasional use must be paid by the date of the child’s attendance at the latest.

2. Safety and Discipline

* To enable all children to have fun and be safe, reasonable behaviour is essential.
* The club expects, and will encourage all children to behave responsibly and to respect both staff, each other and club property.
* Children are expected to respond positively to requests from staff.
* Repeated disobedience and/or persistent anti-social behaviour could disrupt the club for all. Consequently, the club reserves the right to terminate membership.

3. Collecting Children

* Parents and carers are responsible for ensuring that they, or an authorised person, collect their children before the club closes at 6.00pm.
* For the protection of your children, no child will be released to an unauthorised person.
* Parents will be asked to sign the attendance book on collection of children.
* Owing to the high extra costs that the club would face, an additional charge of £5.00 per quarter hour will be made for each child who has not been collected by an authorised person by 6.00pm. Please telephone the club should unforeseen circumstances arise
* Persistent lateness could result in termination of membership.

4. Sickness and Absence

* + Sickness – the session will be charged at the normal rate, unless Cloudside Shine Club have been informed before the session. Long term sickness will be dealt with at the Committee’s discretion.
  + Absence – Three days notice must be given for any cancellations – otherwise sessions will be charged for in full.

**Please retain this page for your record.**

**Please return this section of the form**.

I / we are aware of the Terms and Conditions of Cloudside Shine Club and understand there is a ‘family membership fee’ of £5.00

I / we are aware that the Policies and Procedures for Cloudside Shine Club are available to view at any time.

I / we will inform you of any changes to my / our child’s personal information.

I have read and agree with the above terms and conditions of Cloudside Shine Club.

I give permission for Cloudside Shine staff to talk to Cloudside Academy teachers about my child.

Child’s name ………………………….

Parent’s / Carer’s signature …………………………………..

Parent’s / Carer’s name ……………………………………….

Date ………………………………..

I give / do not give permission for my child / children’s photo to be shown on the school website

Date-----------------------------------------

Signature ---------------------------------------------------------------------