



**Cloudside Academy**  
A L.E.A.D. Academy

Executive Headteacher Nicola McIntyre  
Interim Head of School Jodie Milson  
Stanton Road, Sandiacre,  
Nottingham NG10 5DE  
Telephone 0115 9392263  
info@cloudsideacademy.co.uk  
[www.cloudsideacademy.co.uk](http://www.cloudsideacademy.co.uk)

**Cloudside Shine Club**  
**Breakfast and After School Club Application**

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

Child's Full Name: -----

Child's Date of Birth -----

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

Home Address: -----  
(Where child lives) -----

Any other person who has parental responsibility for this child

Name/ Addresses: -----  
-----

Mother..

Emergency Contact: -----  
(Names, relationship and phone numbers) Father.. -----

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.-----



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Doctor's address -----  
-----

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

If yes, please explain -----  
-----

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

If yes please explain -----  
-----

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

If yes please explain -----  
-----

Does your child have any special dietary needs?                      Yes    No

If yes please explain -----  
-----

Does / is your child receiving any medication?                      Yes    No

If yes please give details of medication (names). -----  
-----

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:
- |   |  |
|---|--|
| <input type="checkbox"/> White British                      | <input type="checkbox"/> Asian or Asian British: Indian      |
| <input type="checkbox"/> White Irish                        | <input type="checkbox"/> Asian or Asian British: Pakistani   |
| <input type="checkbox"/> White: Traveller of Irish Heritage | <input type="checkbox"/> Asian or Asian British: Bangladeshi |
| <input type="checkbox"/> White: Other                       | <input type="checkbox"/> Asian or Asian British: Other       |
| <input type="checkbox"/> White: Gypsy/Roma                  | <input type="checkbox"/> Black or Black British: Caribbean   |
| <input type="checkbox"/> Mixed: White and Black Caribbean   | <input type="checkbox"/> Black or Black British: African     |
| <input type="checkbox"/> Mixed: White and Black African     | <input type="checkbox"/> Black or Black British: Other       |
| <input type="checkbox"/> Mixed: White and Asian             | <input type="checkbox"/> Chinese                             |
| <input type="checkbox"/> Mixed: Other                       | <input type="checkbox"/> Prefer not to say                   |
| <input type="checkbox"/> Any other ethnic group: _____      |  |

This information was provided by:

- Parent
- Carer

### Booking Form

## Growth

*Growing Learners and Leaders*



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### 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 each month, unless you give us 3 days' notice, or your child is unwell and not at school. If you no longer require a place in Shine Club please contact a Cloudside Shine Club staff member and give 3 days notice.

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

### Booking Form

#### Shift Patterns ~ Week 1

**Growth**

Growing Learners and Leaders

Cloudside Academy is an c  
NG1 5DU. L.E.A.D. Academy Trust is an exempt charity.

office: 5a The Ropewalk, Nottingham,

Company registration number: 08296921.



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*\*please delete as appropriate*

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Monday  
Tuesday  
Wednesday  
Thursday  
Friday  
*\*please delete as appropriate*

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**Booking Form**

**Shift Patterns ~ week 2**

**Growth**

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**Cloudside Shine Club**  
**Terms & Conditions**

1. Payment Terms



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- ❖ 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 you records.**

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



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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 .....

Parents / Carers signature .....

Parents / Carers name .....

Date .....

-----

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

Date-----

Signature -----