****

**Breakfast and After-School Club**

**Application Pack**

**Headteacher: Jas Leverton**

**Cranbrook Primary School, The Drive, Ilford, Essex, IG1 3PS**

**Telephone: 0208 518 2562 Fax: 0208 554 1575**

[**Admin.cranbrookprimary@redbridge.gov.uk**](mailto:Admin.cranbrookprimary@redbridge.gov.uk)

[**www.cranbrookprimaryschool.com**](http://www.cranbrookprimaryschool.com)

**IMPORTANT NOTE**

It is essential that this form be completed in full. This information is required in the event of an accident or an emergency. Staff will be required to carry this information, whether on or off-site, whilst your child is being cared for.

This application pack is divided into four sections, all of which will need to be completed and sent back to the After School Address below.

**PLEASE ENSURE YOU HAVE READ THROUGH THE PARENTS’ HANDBOOK AND THIS APPLICATION PACK BEFORE COMPLETING THE FORMS**

**Cranbrook Primary School,**

**The Drive, Ilford,**

**Essex, IG1 3PS**

By phone: 07874 809603

By mail : Drop it into the School Office and address it to Wendy Lindon

By Email : [**Admin.cranbrookprimary@redbridge.gov.uk**](mailto:Admin.cranbrookprimary@redbridge.gov.uk)and address it to Wendy Lindon

**PLEASE KEEP THIS**

**PAGE FOR YOUR**

**OWN REFERENCE**

|  |
| --- |
| **Cranbrook Primary School**  **Breakfast & After-School Club**  **The Drive, Ilford, Essex, IG13PS**  **​Tel: 0208 518 2562 ​**  **Email:**[**admin.cranbrookprimary@redbridge.gov.uk**](mailto:admin.cranbrookprimary@redbridge.gov.uk) |

# Admission Form

|  |  |
| --- | --- |
| **Full name of Child:** |  |

**Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

**Gender:** □ Male □ Female

**Days required (please circle):** M T W T F **BC…… AC……**

|  |  |
| --- | --- |
| **Full name of parent/carer:** |  |

|  |  |
| --- | --- |
| **Relationship to child:** |  |

|  |  |
| --- | --- |
| **Full name of parent/carer:** |  |

|  |  |
| --- | --- |
| **Relationship to child:** |  |

**Name/Address of parent/carer child lives with:**

|  |  |
| --- | --- |
|  | |
|  | |
| **Post Code:** |  |

|  |  |
| --- | --- |
| **E-mail:** |  |

**Telephone Numbers:**

Home

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mum: |  |  | Dad: |  |

Mobile

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mum: |  |  | Dad: |  |

Work

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mum: |  |  | Dad: |  |

|  |  |  |
| --- | --- | --- |
| **Emergency Contact 1:**  *Full name:*  *Relationship to child:*  *Address:*  *Postcode:* Tel no;home: *work:*  *mobile:* |  | **Emergency Contact 2:**  *Full name:*  *Relationship to child:*  *Address:*  *Postcode:* Tel no;home: *work:*  *mobile:* |

**Child’s Doctor:**

|  |  |
| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Telephone number: |  |

|  |  |
| --- | --- |
| Main language spoken at home: |  |

|  |  |
| --- | --- |
| Child’s first language: |  |

Does your child have any disability/medical condition/special requirements?

□ Yes □ No If yes, please give details:

Does your child require regular medication?

□ Yes □ No If yes, please give details:

Does your child have any allergies?

□ Yes □ No If yes, please give details:

Does your child have any specific dietary requirement (food/drink they must not have)?

□ Yes □ No If yes, please give details:

Does your child have any special educational needs?

□ Yes □ No If yes, please give details:

**Emergency Medical Consent**

In the case of your child needing emergency medical treatment while attending this setting we need your prior permission for us to seek treatment and for a member of staff to accompany your child to hospital.

In all such cases we will always try to contact the parent/carer using the telephone numbers provided on the Admissions Form. However it may prove necessary to act in place of the parent/carer if we are unable to contact you and/or to arrange to meet you at the hospital.

□ I do give my permission for a member of staff to accompany my child to seek emergency medical treatment at hospital

□ I do not give my permission for a member of staff to accompany my child to seek emergency medical treatment at hospital.

(Please tick above as appropriate.)

Parent/Carer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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