**Enrolment Form**

PLEASE COMPLETE **ALL** SECTIONS AND RETURN TO THE ACADEMY OFFICE.

**Child’s Details**  Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Forename: |  |
| Other names: |  |  |  |
| Date of Birth: |  | Male / Female: |  |
| Current Address: |  |  |  |
|  |  |  |  |
| Post Code: |  |  email: |  |
| Home telephone: |  | Mobile: |  |
| If your child has any brothers or sisters, please provide names & ages. |  |
| Religion: | First Language: |
| Ethic origin: |  |

**details of parents / carers:**

Primary Carer

|  |  |  |  |
| --- | --- | --- | --- |
| Full name: |  | Relationship to child: |  |
| Address: |  |  |  |
| Post code: |  | Mobile No.: |  | Work No.: |  |

Second Contact

|  |  |  |  |
| --- | --- | --- | --- |
| Full name: |  | Relationship to child: |  |
| Address: |  |  |  |
| Post code: |  | Mobile No.: |  | Work No.: |  |

**Emergency contacts – this should be different to primary carer and second contact**

This is very important should we need to contact you. For example, if your child becomes ill, for collection of your child, or in any other emergency situation.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship to child | Collection Password | Telephone number |
|  |  |  |  |
|  |  |  |  |

**Medical Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Doctor: |  | Telephone No: |  |
| Address: |  |  |  |
| Are there any medical conditions that we need to be aware of? YES / NO If yes, give details: |   |
| Does your child have any allergies? YES/NOIf yes, give details: |  |
| Dietary requirement: |  |

Consent to use plasters on your child? YES/NO

Consent for non-prescribed drugs

Calpol YES/NO Nurofen YES/NO

**Photographs**

|  |  |  |
| --- | --- | --- |
| Do you give permission for your child to be photographed during activities? |  YES / NO |  |

**Parental Consent**

Consent for applying sun cream YES / NO

I have read, acknowledge and agree to the Terms & Conditions for Ninjas after academy club.

Signed: ………………………………………………. (Parent/Carer) Date: …………………………

Print Name: …………………………………………………………………………. (Parent/Carer)