



Dear Parents/Carers,

If you require breakfast/ after school club from September 2020/21, you will need to fill in a new application form by **20th of July**. **Please be aware no application form will be processed if there is a debt on your account.** Due to government Covid 19 guidelines to maintain bubbles in school priority places will be given to children who require **full time places**, siblings and then places will be given to children who require less days.

You will be contacted on **21st of July** informing you if you have a place. If you are not contacted, this means you have not got a place at this time but you will be placed on the waiting list.

Please ensure you have read the Parent Handbook as there have been several changes to our terms and conditions.

Please send the application form back to risingstars@gorsehillprimary.co.uk no later than 20th of July.
NO application forms will be accepted or processed after this date.

Thank you for your continued support.
Rising Stars Team

**GH Primary School/ Rising Stars Breakfast and After School Club
Data Collection Sheet**

Child's Details

Surname:	Forename(s):
Home Address:	
Town:	Post Code:
Date of Birth:	Gender:

Contacts: Parents or those with Legal Parental Responsibility

Mother	Father
Title: Forename:	Title: Forename:
Surname:	Surname:
Home address (if different to child):	Home address (if different to child):
Postcode:	Postcode:
Telephone (Home)	Telephone (Home)
Telephone (Mobile)	Telephone (Mobile)
Email:	Email:
Occupation:	Occupation:
Work address:	Work address:
Telephone (Work)	Telephone (Work)

Contacts: please provide two additional contacts for use in an emergency:

<i>Name</i>	Relationship to child	Home Phone	Work Phone	Mobile Phone

Medical, Dietary & Emergency Information (please see Medical section of handbook).

Asthma	Bee Sting Allergy	Nut Allergy	Epilepsy
Kidney/Bladder	Deafness	Diabetes	Sight Impairment
Other:			
Dietary Requirements:			

Does your child need to take regular medication during school hours?	Yes	No
If yes, details:		

Permissions: Please enter yes or no in each box

Local Visits	Publish Photos	Apply Plasters	Take to hospital if we cannot contact you
Face Paint	Sun Cream		

Signed	Print Name	Date
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GH Primary School/ Rising Stars Breakfast and After School Club
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Child's Name	
<input type="checkbox"/> Nursery <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4 <input type="checkbox"/> Class 5 <input type="checkbox"/> Class 6	
<input type="checkbox"/> Class 7 <input type="checkbox"/> Class 8 <input type="checkbox"/> Class 9 <input type="checkbox"/> Class 10 <input type="checkbox"/> Class 11 <input type="checkbox"/> Class 12 <input type="checkbox"/> Class 13 <input type="checkbox"/> Class 14	

For definite bookings – tick here if you would like us to book regular days until further notice

	Breakfast Club	After School Club
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Pickup Password	
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I will be paying:

(please tick)

weekly or specific date Date _____

ALL SERVICES NEED TO BE PAID AT LEAST A WEEK IN ADVANCE

By using the club you agree to the terms and conditions set out in the Parent Handbook available

I have read the terms and conditions book and agree to them.

(please tick)

Signature: _____

Please ensure you have completed a registration form to accompany this form if your child is new to the club