



Ark Application Form for 2023/24

| CHILD'S DETAILS | |
|-----------------|--|
| Full name | |
| Home address | |
| Telephone | |
| Age | |
| Date of birth | |

| BOOKING REQUEST | | |
|---|---------------------------------|-----------------------------------|
| Please tick to indicate when you want your child to use Ark and on what days. | | |
| | Morning Session (7.45am-8.45am) | Afternoon Session (3.15pm-5.15pm) |
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |

| PARENT/CARERS DETAILS | | | |
|-----------------------|--|-----------------------|--|
| Full name | | Full name | |
| Home address | | Home address | |
| Home telephone | | Home telephone | |
| Work/mobile telephone | | Work/mobile telephone | |
| Email address | | Email address | |

EMERGENCY CONTACTS (OTHER THAN PARENT/CARERS ABOVE)

| | | | |
|-----------------------|--|-----------------------|--|
| Relation to child | | Relation to child | |
| Full name | | Full name | |
| Home address | | Home address | |
| Home telephone | | Home telephone | |
| Work/mobile telephone | | Work/mobile telephone | |
| Email address | | Email address | |

MEDICAL & DOCTORS INFORMATION

Please give details of any allergies, illnesses, special needs, dietary requirements etc.

| | |
|-------------------|--|
| Doctors name | |
| Doctors address | |
| Doctors telephone | |

COLLECTION ARRANGMENTS

Only the following named people, if different to parent/carers, will collect the child named above.

| | | | |
|-----------|--|-------------------|--|
| Full name | | Relation to child | |
| Full name | | Relation to child | |
| Full name | | Relation to child | |
| Full name | | Relation to child | |

I agree to inform you in advance in writing if the above arrangements for collection of my child are to be altered.

PICK-UP BY A NAMED OLDER SIBLING

Only the following named sibling will collect the child named above.

| | |
|-----------|--|
| Full name | |
| Full name | |
| Full name | |
| Full name | |

I agree to inform you in advance in writing if the above arrangements for collection of my child are to be altered.

PHOTOGRAPHY

It is a legal requirement that we request your permission to photograph your child whilst they are attending the club. We may wish to take these photographs for publicity or club display. Please sign below if you are happy for us to take photos for these purposes.

| | | | |
|------------------|--|------|--|
| Parent signature | | Date | |
|------------------|--|------|--|

EMAIL CONSENT

We may contact you by email from time to time, with general enquiries, electronic invoices, and possibly an Ark newsletter.

If you consent to us using your email address for these purposes, please provide us with the email address you would like us to use and circle the box to confirm your consent.

| | | | |
|--|--|-----|----|
| Email address | | | |
| I consent to you using my email address for the purposes stated above | | YES | NO |
| I DO NOT consent to you using my email address for the purposes stated above | | YES | NO |

PLEASE RETURN YOUR COMPLETED FORM TO THE SCHOOL OFFICE