

# Greenfield's Afterschool Club Application Form

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Sex: M F

Parents/ Guardians:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Work Contact No: \_\_\_\_\_ Work Contact No: \_\_\_\_\_

Home address for either of above if different from child: \_\_\_\_\_

Designated people to collect child from the centre (other than named above):

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Tel No: \_\_\_\_\_ Tel No: \_\_\_\_\_

Nominated Emergency Contact Person: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

Does your child suffer from any medical conditions and/ or allergies?

\_\_\_\_\_

Does your child suffer from any hearing and or speech difficulties?

\_\_\_\_\_

Does your child have any specific dietary requirements?

\_\_\_\_\_

## BOOKING DETAILS

Please tick the days and times you would like. We will try to facilitate your request however it may not always be possible.

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Afternoons 2:00-5:30					

Name of School your child attends: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please note we offer a collection service from Gael Scoil De Hide, if you would like to avail of this service please tick the box below.

I would like my child collected from the Gael Scoil on

Mondays \_\_\_\_\_ Tuesdays \_\_\_\_\_ Wednesdays \_\_\_\_\_

Thursdays \_\_\_\_\_ Fridays \_\_\_\_\_

Signed (parent): \_\_\_\_\_

Application Received: \_\_\_\_\_

Manager: \_\_\_\_\_