

Après School - Booking Form



Booking details

Commencement Date: _____



Please specify the days of the week you would like to book:

Monday Tuesday Wednesday Thursday Friday whole week

Would you like to book extra sports lessons?

Swimming (Swims 25m? yes/no) Tennis Squash/Racketball

Preferred days: _____

(Please detail your child's current swimming ability: _____)

Do you require the daily meal option?

Yes No Dietary requirements: _____

Your child's details

Child's name: _____

Date of birth: _____ Home Address: _____

Telephone (home): _____ Parent's mobile: _____ Child's mobile: _____

School: _____ School year: _____

Would you like your child to be collected from school*? Yes No Finish Time: _____

* 'on foot' collection service may be offered from Beechwood/Acorn/Melrose/Vauvert at the usual finish time, dependent on numbers attending

Parent's/Legal Guardian's name: _____

Parent's/Legal Guardian's Email: _____

We will only hold your data as provided for the purpose of attendance at sessions operated by Skill Set CI Limited. Your data will not be disclosed to any third party for marketing purposes. You will be added to our database in order that we may keep you updated in relation to forthcoming activities. If you do NOT wish to receive updates please tick here.

Emergency contact details:

Emergency Contact 1, Name: _____ Emergency Contact 2, Name: _____
Relationship to child: _____ Relationship to child: _____
Telephone (home): _____ Telephone (home): _____
Telephone (Mobile): _____ Telephone (Mobile): _____

People authorised to pick up child (if different from above):

Person 1, Name: _____ Person 2, Name: _____
Relationship to child: _____ Relationship to child: _____
Contact Number: _____ Contact Number: _____

Health Information:

Current medical conditions? _____
Any historic medical conditions you feel would be beneficial to advise us of: _____
Do we need to administer any medication? _____
Does the child have any food or other allergies? _____
Date of last Tetanus: _____ Family Doctor: _____
Surgery: _____ Surgery contact number: _____

Consent Forms:

Administration of first aid: 'I hereby consent to the staff of Skillset@Kings Apres School applying first aid where circumstances indicate that it is required.'

Administration of Medication: 'I hereby consent to the staff of Skillset@Kings Apres School administering medication provided by the parent/legal guardian in a clearly marked container showing the name of the child, the method, time and quantity for administration.'

'I further consent to the administration of Calpol or other similar child pain relief medication should circumstances indicate that it is required'

I agree that I will keep Skillset@Kings fully informed as to the medical condition of my child/children.

I agree that fees will be paid in accordance with the payment terms and conditions of Skillset@Kings Apres School.

I hereby agree to the Terms and Conditions (latest version available on www.skillsetci.com) relating to the Skillset@Kings Apres School Service.

Signature and date

Print Name:

Please send completed booking form to: Skillset@Kings, Kings Club, Kings Road, St Peter Port, Guernsey, GY1 1QF