|  |  |  |
| --- | --- | --- |
| **Club Application Form**Any information you provide on this form will be held securely and in confidence. It will only be used for the purpose of operating *Thrive Together Club* (hereby known as ‘*The Club’* ). |  |  |

### Logo, company name  Description automatically generatedChild’s Details

|  |  |
| --- | --- |
| First Name: |  |
| Surname: |  |
| Date of Birth : |  |
| School they attend: |  |

Are you applying for places for any additional children? **No/Yes** (delete as appropriate)

If *Yes*, please write their name/s below and fill in a separate application form for each child:

|  |  |
| --- | --- |
| Child 2: |  |
| Child 3: |  |

### Parents/ Guardian/ Carer Details

|  |  |
| --- | --- |
| **Person 1** |  |
| Relationship to child: |  |
| Title: |  |
| First name:  |  |
| Surname: |  |
| Home Address: |  |
| Work Address: |  |
| Mobile telephone: |  |
| Email address: |  |

|  |  |
| --- | --- |
| **Person 2** |  |
| Relationship to child: |  |
| Title: |  |
| First name:  |  |
| Surname: |  |
| Home Address: |  |
| Work Address: |  |
| Mobile telephone: |  |
| Email address: |  |

### About your Child

|  |
| --- |
| Please detail any additional/special needs your child has:(please provide full details)N/A |
| Please detail any medical needs your child has: (please provide full details, if medication is needed an additional medication form will need to be completed)N/A |
|  |
| Favourite activities:  |
| Is there anything your child doesn’t like (particular foods, games etc.) or is scared of? N/A |
| Any additional information:  |

### **DAYS / SESSIONS REQUESTED**

|  |
| --- |
| Please indicate which days / sessions you would like your child to attend The Club. Unfortunately, we cannot guarantee that you will be allocated the days that you request. |
| Preferred start date: |  ASAP: ☐ Specific date:  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Breakfast Club** | Mon | Tue | Wed | Thu | Fri |
| (Please tick the sessions that you would like your child to attend) |  |  |  |  |  |
|  |  |  |  |  |  |
| **Afterschool Club** | Mon | Tue | Wed | Thu | Fri |
| (Please tick the sessions that you would like your child to attend) |  |  |  |  |  |

|  |
| --- |
| Please provide any additional information about the sessions requested, such as whether you can be flexible about which days you require. This will help us schedule the children to places as fairly and as inclusively as possible: |

Please return your completed from by email to lanicccclub@gmail.com.