



DROVE TIGERS



Admission form booklet

Name: _____

Date of Admission: _____



Drove Tigers ASC Admission Form

Child's Full Name:

Name to be used at Tigers ASC:

Date of Birth:

Gender:

Ethnicity:

Religion (if any):

Languages Spoken:

Dietary needs/allergies.....

My child's food preference is:

Tick appropriate box - Halal meat any meat Vegetarian

Name of Parent/main Carer(s): 1:

Home Address: 1:

Telephone Number: 1:

Mobile Number: 1:

Parent/Carer Place of Work: 1:

Daytime Number: 1:

Name of Parent/main Carer(s): 2:

Home Address: 2:

Telephone Number: 2:

Mobile Number: 2:

Parent/Carer Place of Work: 2:

Daytime Number: 2:

Other Emergency Contact Details:



Tigers ASC collection form

PLEASE GIVE THE NAMES OF TWO OTHER PEOPLE THAT MAY COLLECT YOUR CHILD/CHILDREN

Please be aware that anyone other than your child's parent or main carer will need to say a password before they are able to collect your child.

Collection password :.....(*examples - pet's name/favourite film/favourite singer/town of birth/colour*)

Name	Name
Address	Address
Contact Number/s	Contact Number/s
Relationship to child	Relationship to child

Session at Tigers

What Session would you like to send you Child/Children?

Days	✓	Other information
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		



CONSENT FORM

CONSENT FOR EMERGENCY FIRST AID

I/We give consent for my child to receive Emergency First Aid when necessary.

Yes No

CONSENT FOR PHOTOGRAPHS/VIDEO

I/We give consent for my child to have their photograph taken during the sessions at Drove Tigers ASC. (Photos taken, might be displayed on the Drove Primary school website, unless permission has been requested in advance).

Please tick the relevant boxes to allow these pictures to be:

- Display on School notice boards
- In school Newsletters
- Used for promotion of Drove Tigers after School Club, Drove Primary School.

Signature 1: Date:

Print Full Name: Parent/Carer:

Signature 2: Date:

Print Full Name: Parent/Carer:



**DROVE TIGERS ASC PERMISSION TO ADMINISTER MEDICATION
CONSENT FORM**

I/We give permission for my child to receive the named prescribed medicines, as per the information below; by a member of the Drove Tigers ASC staff.
Please note we are unable to administer unprescribed medication.

Name of child	Medicine to be administered	Dosage to be administered	Time to be administered	Auctioned by (staff)

Signature 1: Date:

Print Full Name: Parent/Carer:

Signature 2: Date:

Print Full Name: Parent/Carer:



DROVE TIGERS ASC allergy/special diet information

Food not allowed:

Further Details: (including reason for special diet)

Allergies:

Symptoms:

Treatment:

Parents Signature 1:

Parents Signature 2:

Date:

Staff Signature:

Date:



Information for Parents/Carer to keep at home

Our Phone/Mobiles number and other information you will need

School No:

01793 818608

Tigers Land line:

01793 818612

Tiger's Mobile No:

07432 104787

Direct Line to the Tiger Staff

Password:

This is for you to set so that your child/children can be picked up by other members of your family over the age of 16

Ofsted information No:

EY412438



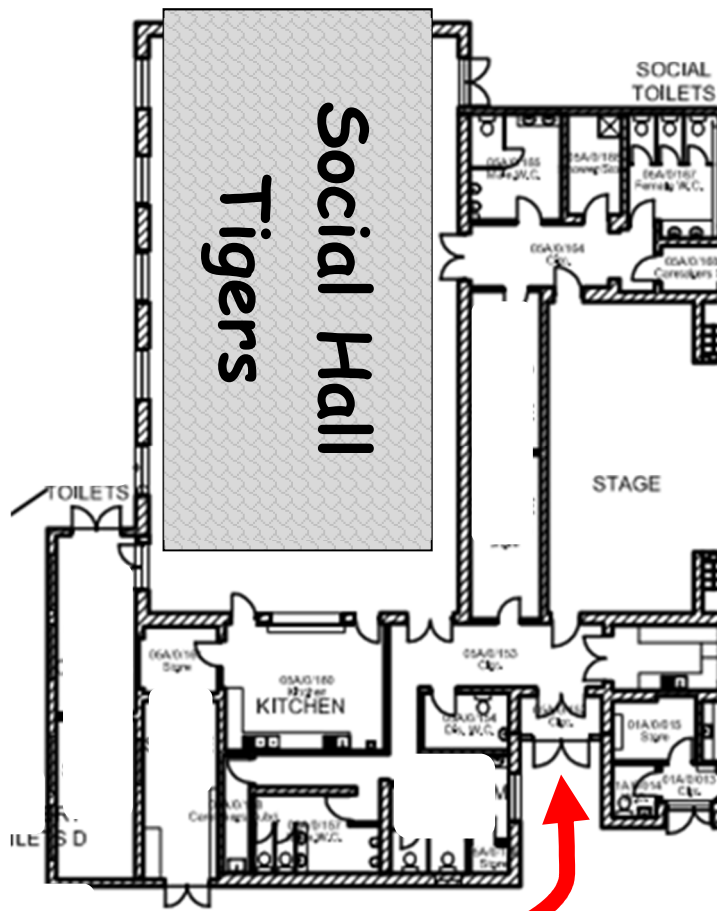
Tiger's Information Times

Monday	3.30 -5.45
Tuesday	3.30 -5.45
Wednesday	3.30 -5.45
Thursday	3.30 -5.45
Friday	1.00 - 3.30

Map of playground from where you need to pick up your child/children.

School collections point:

Front Playground - Aldi



Tiger's Entrance (Door Bell) is in the Back playground. This is the side where the Merlin Pub is.