



AVIATORS PLAYCENTRE Registration Form

Childs's Details:

Child's Surname:

Child's First Name:

Gender: Male/Female Date of Birth: Age: School.....

Address:

Post Code:..... Email

Home telephone no..... Mobile no.....

Parent/Carers details:

Name of Main Parent/CarerMiss/Mrs/Mr

Place of work.....

Work tel. No: Ext:

Alternative No:

Name of Second Parent/CarerMiss/Mrs/Mr

Address if different.....

Place of work.....

Work tel. No..... Ext.....

Mobile No Email

Race of Child (please ✓):						
White:	British		Irish	Other		
Mixed:	White & Black Caribbean		White & Black African	White & Asian	Chinese	
Asian or Asian British:	Indian		Pakistani	Bangladeshi	Other Asian	
Black or Black British	Caribbean		African	Other Black		
Other Mixed			Other (Please Specify)			

Emergency Contact (This must be a person not residing at the same address as the child or Parent/Carer).

Emergency Contact Name:

Mr/Mrs/Miss/Ms

Emergency Contact Address

.....

Emergency Contact tel no.

Relationship of child to Emergency Contact:(e.g, grandparent, childminder, etc)

PLEASE NOTE: Children may only be collected by someone over the age of 16 years.

You must contact us if you or nominated persons are unable to collect your child in order to agree arrangements for another person to make collection.

As we are responsible for your child whilst they are on site it is essential that you give us information that affects custody or anything that relates to who may collect your child.

Are there any activities that you do not wish your child to take part in?

Please state which.....

Do you agree to your child being taken off-site under supervision, to visit local places, eg. shops, library, park, woods? **YES/NO**

For any other visits separate permission will be required.

Do you agree to your child having their photograph taken for use within the Playcentre e.g for displays, photograph album. **YES/NO**

Note: Separate permission will be requested for photographs for our website and any other publicity.

Drop-in Play operates on a 'first come' basis and can be limited especially in wet weather.

I give consent for my child to be administered with first aid by play staff and/or emergency medical treatment at a hospital where necessary.

Signature of Parent/Carer: _____

Name of Parent/Carer: _____ **Date:** _____
(Please print)



Aviators Playcentre

MEDICAL CONDITIONS/ADDITIONAL NEEDS REGISTRATION FORM

PLEASE NOTE: The information you provide will be accessible to all of our staff and other agencies in an emergency or for the benefit of your child. If there is personal information that you feel it is important for us to know, but which you wish to remain confidential, please speak to the Playcentre manager on site who will be able to take the information from you in a manner which will ensure confidentiality.

Your child's last name (surname) _____

Your child's first name (forenames) _____

1) Does your child have an Individual Education Plan (IEP) at school?	YES/NO
2) Does your child have a statement of special needs or is undergoing statementing at this time?	YES/NO If yes please state.
3) Are there any other services working with you? Example social worker, Camhs, EIPS, psychologist, looked after child, speech therapist?	YES/NO If yes please state who.
4) Does your child have any medical conditions and/or additional needs?	YES/NO If yes please give details:
5) Does your child receive any additional support for medical and/or additional needs?	YES/NO If 'yes' please give details
6) Does your child require any medicines to be administered whilst at Playcentre?	

<p>7) Does your child have any allergies? (including nuts, plasters, dairy)</p>	
<p>8) Does your child have any special dietary requirements? (We cannot guarantee that your child will not have access to nuts but will take all reasonable precautions to ensure that they do not)</p>	
<p>9) Is there any further information you would like us to know (including any language needs or other personal information).</p>	

Please be aware that we reserve the right to liase with other agencies (i.e. schools, social services) in order to best meet the needs of your child. Relevant information would only be shared on a need to know basis which would have a direct impact on the child whilst at play centre.

We are an inclusive service and our aim is to meet the support needs of all children. However we do reserve the right to refuse applications where this is not possible.

Name of Parent/Carer _____

Signature of Parent/Carer _____

Date _____