



**Unit 4, 44A  
Gloucester Road  
Croydon  
CR0 2DA**

## **SUMMER SCHEME 2021 Registration Form**

### **Child's Details**

Child's full name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M/F/Other \_\_\_\_\_ Age: \_\_\_\_\_

Child's School: \_\_\_\_\_ School Year \_\_\_\_\_

### **Parent/Carer/Guardian Details**

Parent/carers 1: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent/carers 2: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent/carers 1 Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Parent/carers 2 Address, if different from above \_\_\_\_\_

Home telephone Number: \_\_\_\_\_

**Parent/carers 1 Email address:** \_\_\_\_\_

**Parent/carers 2 Email address:** \_\_\_\_\_

Note: Email will be one of the ways we contact you regarding availability at our Holiday Club Play Scheme.

### **Emergency Contact Details:**

Please indicate below, whom you would like us to contact in the event of an emergency, if we are unable to contact you.

**Name and relationship to the child:**

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Address: 

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Home telephone: 

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 Mobile: 

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**Collection of your child**

Please list the names of ANY persons who will be collecting your child and their relationship (e.g. parent, grandparent etc.)

1) 

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2) 

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3) 

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We will only allow your child to be taken out of our care by a named person. Please notify us prior to collection if you wish someone else to pick up your child. **This is for the safety of your child.**

**Medical Information**Doctor's name: 

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 Surgery: 

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Address: 

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Telephone No: 

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**Does your child suffer from any of the following?**

Asthma YES / NO                      Epilepsy YES / NO                      Heart Condition                      YES / NO

Eczema YES / NO                      Diabetes YES / NO

Allergies (e.g., bee stings, peanuts etc.) YES / NO      Details 

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Does your child have any other health conditions that we should be aware of?                      YES / NO

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**Additional Needs**

Does your child have any additional needs? Please add the details as required.                      YES / NO

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Does your child have any special dietary requirements?                      YES / NO

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Are there any emotional / behavioural concerns regarding your child that you would like us to know about?

YES / NO

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Is there any other information you feel we should know about your child?

YES / NO

Note: Please do not hesitate to contact a senior member of staff if you wish to discuss any of the above.

## Interests

Please tell us if there are any specific interests or activities your child has and likes, that we could provide to make them feel more welcome with us:

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## Permissions/Consent

Please read the statements below and delete as necessary

- I do / do not consent to face paints being applied on my child
- I do / do not consent to sun cream being applied on my child if necessary
- I do / do not give permission for you to help my child apply sunscreen when necessary.
- I do / do not give permission for my child to receive emergency treatment, when necessary, by a trained First Aider.
- I do / do not give permission for the use of hypoallergenic plasters to be used should a First Aider feel they are required.
- I do / do not give permission for my child, if necessary, to be taken to the Accident & Emergency department in an ambulance. (A member of staff would always accompany your child in this situation)

Staff may take photos and videos of children at the Play Scheme. These photos and videos may be used on our website and in other Fresh communications (e.g. newsletters, leaflets, social media). No names will ever be printed in any of our marketing.

- I do / do not consent to photographs/videos of my child being used on our website and in other communications (e.g. newsletters, leaflets)

Please sign and date: \_\_\_\_\_

Does your child receive free school meals Y/N

What school does your child attend .....

In cooperation with:



