

Play Centre Registration Form

Registration Details

Play Centre:	Parent Email Address:
Child's Name:	Home Address:
Date of Birth : Age:	
EYFS: <input type="checkbox"/> Gender: Girl <input type="checkbox"/> Boy <input type="checkbox"/>	Full Postal Code:
School Attended:	Contact Telephone Numbers:
Full Name of Parent/Carer:	Home:
	Work:
	Mobile:

ETHNICITY (Please tick box)

Black African <input type="checkbox"/>	Indian <input type="checkbox"/>	Chinese <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>
Black Caribbean <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White (UK) <input type="checkbox"/>	White & Black African <input type="checkbox"/>
Black Other <input type="checkbox"/>	Bangladesh <input type="checkbox"/>	White (Irish) <input type="checkbox"/>	White & Asian <input type="checkbox"/>
Moroccan <input type="checkbox"/>	Asian other <input type="checkbox"/>	White (Other) <input type="checkbox"/>	Other Mixed <input type="checkbox"/>

I do not wish to give the information: Unspecified/ please state:

CHILD CARE CHARGES I confirm that:	ARRANGEMENTS FOR COLLECTION
<input type="checkbox"/> I pay play centre fees	<input type="checkbox"/> My child will be collected by:
<input type="checkbox"/> I currently receive a targeted place	(Person)
<input type="checkbox"/> I am eligible for free school meals	By: _____ (Time)
<input type="checkbox"/> Proof seen i.e. income support/income related job seekers allowance/letter from school confirming eligibility for free school meals	<input type="checkbox"/> My child should make his/her own way home
Signature of Parent/Carer:	By: _____ (Time)

Please note parents/carers entitled to a free place will be required to provide relevant documentation to support their registration. This information will be checked against lists held by the Local Authority.

MEDICAL HEALTH INFORMATION	
Indicate below if your child has an illness or injury which might affect them whilst attending the Play Centre:	Please indicate if your child takes any medication:
Special Educational Needs <input type="checkbox"/>
Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/>	* This does not indicate that we are taking responsibility for the giving of medicine; it is only for information regarding your child's ability to participate in the activities.
Diabetes <input type="checkbox"/> Other	
	Name of Doctor: Tel No:

Emergency Contact: Please give the full name, address and telephone number of **TWO** contacts, one of whom should live locally.

Name:	Name:
Address:	Address:
Tel:	Tel:

Parental consent: I the undersigned have understood the purpose of the above information and give my consent for my child to participate in the play centre activities organised by the Play Service.

Name:	Signature:	Date:
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Declaration

I agree to inform the Senior Worker as soon as possible of any changes in the medical or other circumstances of my daughter/son between now and the end of the play centre.

I agree to my daughter/son receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Full Name:

Date:

Your signature:

Parental Consent Form for Council staff commissioning photography/video/webcam (for children and young people under 18)

To be completed by the senior worker responsible for the play provision.

Name of centre:

Name of senior worker:

To be read by the parent/carer of the child:

The council would like to take a photograph/make a video/webcam recording of your child or dependent for promotional purposes. These images may appear in our printed publications, on our website, or both.

To comply with the data protection Act 1998, we need your permission before we take any photographs or recordings of your child or dependent. Please complete the following section below, then sign and date the form where shown. We will not use the images taken, or any other information about your child or dependent, for any other purpose.

To be completed by the parent/carer of the child:

Name of parent/carer:

Name of child/dependent

May we use the image of your child or dependent in printed publications produced by the Council for production purposes?

Yes

No

May we use his/her image on one of our websites?

Yes

No

Please note that websites can be seen throughout the world and not just in the United Kingdom, where UK law applies.

Please note that the conditions for use of these images.

1. This form is valid for 2 years from the date of signing. Your consent will automatically expire after this time
2. We will not re – use any images after this time
3. We will not include details or full names (which means first name and surname) of any person in an image on our website, or in printed publications, without good reason. For example, we may include the full name of a competition prizewinner if we have their consent. However, we will not include the full name of a model used in promotional literature
4. We will not include personal email or postal addresses, or telephone or fax numbers on our website or in printed publications

I have read and understood the conditions of use on the back of this form

Your signature:

Date: