



SHORT BREAKS PLAY PROVIDER REGISTRATION FORM ESSENTIAL INFORMATION

Please can you fill out all sections

Child's Name

Date of Birth

Current Age

Address

EmailTelephone No

Who has legal custody of the child?

Who has parental responsibility for the child/ young person?

No. 1 Emergency Contact Name & No

No. 2 Emergency Contact Name & No

Doctors name & address

Name of social worker (if applicable)

Would you be happy for the play provider to talk to your Social Worker? YES NO

Medical Conditions/allergies/medication taken:

Does the child/young person need to **take medication** during the playscheme? Yes No

If yes please give details

Dietary requirements e.g. preferences or food allergies:

Portrait of your child – What Do they like (e.g. water, painting):

Portrait of your child - Dislikes (e.g. smells, noise, activities):

Brief description of additional needs (e.g. support with toileting/eating, will seek to escape, ASD, behaviour issues, anxious etc):

Are there any strategies or best ways to support your child and encourage positive behaviour?
(Please give any tips/strategies when supporting)

Communication What is the best way to talk with your child? How does your child communicate?

Data Protection Act 1998 All information held about you will be kept secure and will only be used for data analysis for Funders or to send you relevant information about the Playscheme. Data will be held confidentially for a minimum of one year or longer dependant on how long you use the service.

I consent to data information being used for the purposes of running the Playscheme.

Signed: _____ Date: _____

Name _____ Relationship to child _____

