



REGISTRATION FORM

Please can you fill out all sections & let us know if there are any changes

Child's Name Date of Birth

Address.....

.....Post Code

EmailTelephone No

Parent / Carer's Name:Mobile No.....

Who has parental responsibility for the child/ young person?

No. 1 Emergency Contact Name & No (NOT PARENT)

No. 2 Emergency Contact Name & No (NOT PARENT)

Doctors Name & telephone number

Name of Social Worker / School / Teacher (if applicable)

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

Does your child meet the **eligibility criteria** (see attached)? YES NO

Medical Conditions/allergies/medication taken:

Does the child/young person need to **take medication** whilst they are with us? Yes No

Does your child have epilepsy? Yes No If yes, when was their last seizure?.....

Does your child have any allergies? Yes No If yes, what?

Does your child receive free school meals / Pupil Premium? Yes No

Dietary requirements / Is your child tube fed?

Portrait of your child – What do they like doing? What needs do they have?

Please attach a copy of their EHC Plan. Tick if attached or enclosed

Portrait of your child - Dislikes (e.g. smells, noise, activities): **Anything that makes them upset?**

How do you support your child when upset? What works for you? (Do they scream, scratch, pinch and what helps calm them down?) Are there any behaviours we should be aware of ?

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

Communication Is your child non-verbal? Do they use Makaton, PECS or any other form of communication?

Brief description of additional needs e.g. support with toileting or eating. Do they try to escape?

Data Protection Act 1998 & GDPR 2016 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 Short Breaks services. Data will be held confidentially for a minimum of one year or longer dependant on how long you use the service. You have the right to withdraw consent at any time. Please see our Privacy Notice www.goo.gl/4sbf28

I consent to the provider sharing information with other commissioned play/short break providers

I consent to data information being used for the purposes of running the service your child attends.

I consent to my child having photos/being filmed and possibly used to help promote the service

Signed: _____ Date: _____

Name _____ Relationship to child _____