****

**Summer Hilldrop Play Project Holiday Playscheme – Registration Form**

**25th of July - 19th August 2022**

Thank you for registering your child with Hilldrop Play Project. We need some personal details, but we promise to lock this form away and not share anything with third parties. One form must be completed for each child attending and submitted again at the start of every school year. Please inform the manager of any changes to these details.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child** | | | | | | |
| **Full name:** | | | | | | |
| **Address:** | | | | | **Post code:** | |
| **Sex:** Male ❑ Female ❑ | | **Date of birth:** | | | **Age:** | |
| **School:** | | | **Class:** | | | |
| **Does the child have a Birth Certificate** ❑  **We need to see this** | | | **Original seen and copied by the Centre** ❑ | | | |
| **Are you registered with the Children's Centre?** | | | Yes ❑ No ❑ | | | |
| The person with parental responsibility must sign the completed form and verify that it is a true record.    **I ………………………………………………………………………………………… (parent's name) have parental responsibility for the above named child** | | | | | | |
| The information on this form is correct to the best of my knowledge. I understand that if any information I have given is found to be false or misleading, my child's place may be suspended pending investigation and the Council may take legal action.  I understand that it is my responsibility to continue to keep the centre informed of any changes to my child's details, and I agree to do so. | | | | | | |
| **\*Signature of Person with**  **Parental Responsibility** |  | | | **Date** | |  |

|  |  |
| --- | --- |
| **What day would you like you child to attend playscheme:** | |
| Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑  Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑  Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑  Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑  *Staff are happy to be informed of changes on the day* | |
| Please provide the date you would like your child to start | Date / / |

\*You have a duty to inform the local authority if the child is fostered through a private arrangement with the child's birth family. Private Fostering refers to carers who are NOT step-parents, grandparents, siblings, aunts and uncles and who do NOT hold parental responsibility.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **About your Child** | | | | | | | |
| Name you would like your child to be known as |  |  | | | | | |
| How to pronounce the name |  |  | | | | | |
| Name in home language, if different |  |  | | | | | |
| Languages known to your child | 1. |  | | Spoken Understood | | | |
| 2. |  | | Spoken Understood | | | |
| 3. |  | | Spoken Understood | | | |
| Country of Birth |  |  | Nationality | | |  | |
| Arrival in Britain (if applicable) |  |  | Refugee Status? | | | Yes / No | |
| Religion |  |  | | | | | |
| Ethnicity (description) |  |  | | | Ethnic Code | |  |
| Doctors practice and contact detailes: |  |  | | | | | |

|  |  |  |
| --- | --- | --- |
| **Parent/Carer 1 (must live with child)** | | |
| **Full name:** | | |
| **Daytime contact number:** | | **Evening contact number:** |
| **Email (write clearly):** | | |
| **Are you a key worker : Yes / No** | **What is your role:** | |
| You **must** give permission for us to contact you regarding the Play Project:❑ | | |
| Join the Hilldrop Community Centre mailing list (optional): ❑ | | |

|  |  |
| --- | --- |
| **Parent/Carer 2 (if applicable)** | |
| **Full name:** | |
| **Address (if different from above):** | |
| **Daytime contact number:** | **Evening contact number:** |
| **Email:** | |
| You **must** give Permission for us to contact you regarding the Play Project (optional):❑ | |
| Join the Hilldrop Community Centre mailing list (optional): ❑ | |

|  |  |
| --- | --- |
| **Emergency contacts (2 minimum)** **NOT PARENTS OR CONTACTS ALREADY GIVEN ABOVE** | |
| **Name & Relationship to Child 1:** | **Phone 1:** |
| **Name & Relationship to Child 2:** | **Phone 2:** |
| **Name & Relationship to Child 3:** | **Phone 3:** |
| **Name & Relationship to Child 4:** | **Phone 4:** |

|  |  |
| --- | --- |
| **Other people authorised to collect your child (must be age 14+) – Optional**  Children may only leave the playscheme with the adults named on this form. Adults collecting children may be asked for proof of identity if they are unknown to staff. We may ask for proof of identity or a password on collection. Names can be added/changed at a later date. | |
| **Name 1:** | **Phone 1:** |
| **Name 2:** | **Phone 2:** |
| **Name 3:** | **Phone 3:** |
| Please confirm you have consent to share these details: ❑ | |

|  |  |  |
| --- | --- | --- |
| **Medical and other information** | | |
| **Does your child have a medical condition we should know about?**  Details: | Yes ❑ | No ❑ |
| **Does your child carry an asthma pump?**  One provided to the Play Project: | Yes ❑  Yes ❑ | No ❑  No ❑ |
| **Does your child have any allergies?**  Details:  **Do you give permission for us to display your child’s photo** | Yes ❑  Yes ❑ | No ❑  No ❑ |
| **Does your child carry an EpiPen?**  One provided to the Play Project: | Yes ❑  Yes ❑ | No ❑  No ❑ |
| **Does your child need any other regular medication/cream?**  One provided to the Play Project: | Yes ❑  Yes ❑ | No ❑  No ❑ |
| **Is your child up to date on immunisations?**  Details: | Yes ❑ | No ❑ |
| **Does your child have any special dietary requirements?**  Details: | Yes ❑ | No ❑ |
| **Does your child have Special Educational Needs?**  Details:  Care plan provided to Play Project: | Yes ❑  Yes ❑ | No ❑  No ❑ |
| **Is your child known to Social Services?**  *Ofsted requires us to ask this question* | Yes ❑ | No ❑ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Consent (this must be completed by a person who has parental responsibility)**  Please indicate if you are happy for your child to have or do the following – all choices are optional | | | | |
| **May your child take any medication you have provided?**  If necessary, a full Medication Form must be completed. In most cases your child will be supervised administering medication themselves, but for certain medication staff may be approved to administer it directly. | | Yes ❑ | | No ❑ |
| **May we approve emergency medical treatment?**  Authorises the Manager to sign, on your behalf, any written form of consent required by hospital authorities should medical treatment be necessary. This is provided every reasonable effort has been made to reach you and seek your permission, and that delay in treatment is likely to endanger your child’s health or safety in the opinion of the doctor or hospital. | | Yes ❑ | | No ❑ |
| **May we give your child a plaster in the case of an accident?** | | Yes ❑ | | No ❑ |
| **May we apply sunscreen on your child in the summer?**  *Only if you provide sunscreen* | | Yes ❑ | | No ❑ |
| **May your child take part in any unplanned activities that we may encounter on trips (e.g. bouncy castle, paddling pool, playground equipment)**  You may give specifics: | | Yes ❑ | | No ❑ |
| **Hair plaiting** | | Yes ❑ | No ❑ | |
| **Face painting** | | Yes ❑ | No ❑ | |
| **Signature of Person with Parental Responsibility:** | Date |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Photos & Videos** | | | |
| We take photographs and video of the children attending the centre. These are used during your child's time with us for:   * Children's profile books (these are given to parents when their child leaves). Please note images of your child may appear in other children's profile books. * Books the children make themselves to display in the centre. * Staff training and professional development within Bright Start children's centres. | | | |
| I give permission for my child to be photographed and videoed at Hilldrop Play Project  I understand that these photographs and video may be used in the ways listed above.  If you have questions or concerns regarding photography please contact the Head of Centre via: office@hilldrop.org.uk | | | |
| **Signature of person with parental responsibility:** |  | **Date:** |  |

|  |
| --- |
| **Terms of attendance** |
| 1. Play Project fees must be paid in a timely manner 2. A 75p per minute late fee will be applied when your child is collected after 6pm during term time or 5.30pm during holidays 3. Cancellations made with less than 48 hours’ notice will still be charged, unless there are serious extenuating circumstances (to be at manager’s discretion) 4. Mobile phones must not be used at any time while you are at the Play Project and must stay in bags or pockets. This is to safeguard all children who attend. 5. We believe in equal opportunities for all and have zero tolerance for bullying, fighting, racism, sexism, bad language and any other forms of disruptive or offensive behaviour. This applies to children, parents/carers, and staff. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnic Origin Please tick (√) one box** | | | |
| **A** | **White British** | **C** | **Asian or Asian British Bangladeshi** |
| **A** | **White Irish** | **C** | **Asian or Asian British other** |
| **A** | **White European** | **D** | **Black or British Caribbean** |
| **B** | **Mixed White & Black**  **Caribbean** | **D** | **Black or Black African** |
| **B** | **Mixed White & African** | **D** | **Black or Black other** |
| **B** | **Mixed White & Asian** | **E** | **Chinese** |
| **B** | **Mixed other** | **F** | **Other** |
| **C** | **Asian or Asian British Indian** | **G** | **Unknown** |
| **C** | **Asian or Asian British Pakistani** |  |  |

|  |
| --- |
| **By signing below, you agree to the terms of attendance and all other terms you have indicated above regarding collection, medication, and other consent.** |
| I understand that failure to follow the terms of attendance may result in my child being withdrawn from the Hilldrop Play Project register.  **Signature:**  **Print:**  **Relationship to child (must be listed as Parent/Carer 1 or 2):**  **Date:** |

* The centre has a duty to safeguard children and follow child protection procedures as set out in 'Working Together to Safeguard Children', 2018. Further information is provided in the centre's safeguarding policy.
* Information you have provided will be kept in line with the provisions of the Data Protection Act 2018.

Further information can be found here. [https://hilldrop.org.uk](about:blank)

* Under the Data Protection Act you have the right to make a formal request, verbally or in writing, for access to personal data held about you or your child,
* Islington council also has a duty to protect public funds it administers, and to this end it may use the information you have provided for the prevention and detection of fraud.

**IMPORTANT:**

***PLEASE INFORM US IF SOMEONE OTHER THAN THE PERSONS NAMED ABOVE IS TO COLLECT YOUR CHILD.***

|  |
| --- |
| **Office use only** |
| **Fee rate:** F £20 ❑  D £16 ❑ SD £18.00 ❑ SEN £15.00 ❑ HR £25 ❑ |

**All of the Hilldrop Play Project Policies can be found at** [**https://hilldrop.org.uk/policies**](about:blank)

**Hard copies are also available on request.**

**Staff Signature …………………………………………….. date / /**