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**Hilldrop play project After school club – Registration Form**

Thank you for registering your child with Hilldrop Play Project, we are very happy to have you. 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.

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| **Child** | | | |
| **Full name:** | | | |
| **Address:** | | | **Post code:** |
| **Gender:** Male ❑ Female ❑ | **Date of birth:** | | **Age:** |
| **School:** | | **Class:** | |

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| **Parent/Carer 1 (must live with child)** | |
| **Full name:** | |
| **Daytime contact number:** | **Evening contact number:** |
| **Email (write clearly):** | |
| You **must** give permission for us to contact you regarding the Play Project:❑ | |
| Join the Hilldrop Community Centre mailing list (optional): ❑ | |

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

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| **Emergency contacts (2 minimum)** | |
| **Name 1:** | **Phone 1:** |
| **Name 2:** | **Phone 2:** |
| **Name 3:** | **Phone 3:** |

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| **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: ❑ | |

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| **School collection (Tufnell Park, Hungerford, and Torriano only)** |
| **Do you wish your child to be collected from school by Play Project staff?**  Yes ❑ No ❑ |
| **If yes, which days are they likely to need collection:**  Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑  *Staff are happy to be informed of changes on the day* |

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

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| **Consent**  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?**  Yes ❑ No ❑  Once 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. |
| **May we approve emergency medical treatment?** Yes ❑ No ❑  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. |
| **May we take photographs of your child, including them potentially appearing on our website and publicity material?** 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?** Yes ❑ No ❑  *Only if you provide sunscreen* |
| **May your child take part in any unplanned activities that we may encounter on trips (e.g. bouncy castle, paddling pool, playground equipment)** Yes ❑ No ❑  You may give specifics: |

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| **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. |

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| **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** |  |  |

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

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

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

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

**IMPORTANT:**

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