

PLAYSCHEME REGISTRATION FORM BLOCK CAPITALS PLEASE

One form per child. More forms available on request (photocopies acceptable).

| | | |
|-------------------------|--|----------|
| NAME of CHILD ATTENDING | | D. O. B. |
| | | |

PARENT / CARER DETAILS:

| | |
|--------------------------------|-------------------------------------|
| NAME | |
| ADDRESS & EMAIL | |
| | POSTCODE |
| PHONE (home) | |
| PHONE (work) | |
| PHONE (mobile) | |
| WHO HAS PARENTAL RESPOSIBILITY | *We must be informed of any changes |

EMERGENCY CONTACT:

| | |
|---------|--|
| NAME | |
| ADDRESS | |
| PHONE | |

CHILDS DOCTOR:

| | |
|---------|--|
| NAME | |
| ADDRESS | |
| PHONE | |

PHOTOGRAPHS:

Occasionally, the playscheme staff may take photographs of the children (with their agreement) involved in activities at FAHA. These photographs will be used for promotional, evaluation and record keeping purposes. They may be displayed in the library or the Youth Centre or occasionally sent to a local publications also they may be displayed on our website. For safety reasons, the children's names would *never* be published with their pictures. Please sign below if you give your consent for your child to be photographed whilst at FAHA.

Signed:.....

Faha consent form

As parent / guardian of the child named on the registration form I have read, fully understood and am satisfied with the details supplied. I agree to my son / daughter taking part in the playscheme activities. I know of no medical reason or other reason why he / she / they should not participate.

In the event that my child is involved in a serious accident while at the club, I expect the Manager, or a delegated member of staff, to contact me immediately on the above emergency number.

In the event that my child requires immediate medical treatment before I will be able to get to the hospital, I hereby authorise the Manager, or delegated member of staff, to seek any necessary emergency medical advice or treatment on my behalf. I understand that this authorisation will remain valid unless I contact the Manager to withdraw it.

Signed: Parent/Guardian.....Date.....

| |
|---|
| HAS YOUR CHILD ATTENDED THE PLAYSCHEME BEFORE? YES/NO |
| IF YOU CAN ANSWER YES TO ANY OF THE FOLLOWING WE WILL NEED ADDITIONAL INFORMATION BEFORE YOUR CHILD ATTENDS PLAYSCHEME: |
| DOES YOUR CHILD HAVE ANY ALLERGIES? YES/NO |
| DETAILS: |
| DOES YOUR CHILD HAVE A MEDICAL CONDITION? YES/NO |
| DETAILS: |
| DOES YOUR CHILD NEED TO HAVE PRESCRIBED MEDICATION ADMINISTERED DURING THE COURSE OF THE SCHEME? YES/NO |
| DETAILS: |
| DOES YOUR CHILD HAVE A STATEMENT OF SPECIAL EDUCATIONAL NEEDS? YES/NO |
| DETAILS: |
| DOES YOUR CHILD HAVE SPECIFIC ADDITIONAL BEHAVIOURAL OR CARE NEEDS? YES/NO |
| DETAILS: |
| This information will be treated in confidence and needs to be accurate in order to ensure safety for all. |
| IF YOU ARE NEW TO THE SCHEME AND HAVE ANSWERED YES TO ANY OF THE ABOVE PLEASE CONTACT THE CO-ORDINATOR ON 01373 453973 |



If we are lucky enough to see the sunshine, please ensure that your child attends with sunscreen and a suitable hat.

(FROME ASSOCIATION FOR HOLIDAY ACTIVITIES)

Frome Youth & Community Centre, Vallis Road, Frome, BA11 3EF Tel.

(01373) 453973 answer phone, please leave a message

Or alternatively visit our website www.fahafrome.co.uk

Ofsted registered number 142797

Childs Name..... AGE

Tick box to attend

| | | |
|--------------------|---------------|--------|
| Monday 13th Feb | | £17.00 |
| Tuesday 14th Feb | | £17.00 |
| Wednesday 15th Feb | | £17.00 |
| Thursday 16th Feb | | £17.00 |
| Friday 17th Feb | | £17.00 |
| | Total to pay: | |

We operate on a first come first served basis. If your chosen time is fully booked we will contact you and refund your money. There is a reserve list.. Please be patient – to keep costs down the office is only open for a few hours each week.