

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	
	POSTCODE
PHONE (home)	
PHONE (work)	
PHONE (mobile)	
EMAIL	
PERSON TO COLLECT CHILD	*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 publication. 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 supplied 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 the 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 ordert 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



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

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.

Please can you insure that in the warm and sunny weather your child always attends with a suitable hat and sun cream.

Date	Tick Box Column	Price
Monday 26 th July	PLAY DAY	
Tuesday 27 th		£17.00
Wednesday 28 th July		£17.00
Thursday 29 th July		£17.00
Friday 30 th July		£17.00
Monday 2 nd Aug		£17.00
Tuesday 3 rd Aug		£17.00
Wednesday 4 th Aug		£17.00
Thursday 5 th Aug		£17.00
Friday 6 th Aug		£17.00
Monday 9 th Aug		£17.00
Tuesday 10 th Aug		£17.00
Wednesday 11 th Aug		£17.00
Thursday 12 th Aug		£17.00
Friday 13 th Aug		£17.00
Monday 16 th Aug		£17.00
Tuesday 17 th Aug		£17.00
Wednesday 18 th Aug		£17.00
Thursday 19 th Aug		£17.00
Friday 20 th Aug		£17.00
Monday 23 rd Aug		£17.00
Tuesday 24 th Aug		£17.00
Wednesday 25 th Aug		£17.00
Thursday 26 th Aug		£17.00
Friday 27 th Aug		£17.00
	Total to pay	