



CHILD'S DETAILS

After School Club Registration Form

Please return completed form to:

Kidzone, Westbank, Farmhouse Rise, Exminster, EX6 8AT; or email to kidzone@westbank.org.uk.

Child's full name:	Date of Birth:
Full address:	Sex: Male / Female
Ethnic Origin:	Child's first language:
Does your child have any allergies/dietary requirements? Yes / No If yes, please give details:	
Additional needs/Disabilities? Yes / No If yes, please give details:	
<p>We ask for a collection password for all children. This is used if staff do not recognise the person collecting your child, to ensure their safety. Please ensure that whoever is allowed to collect your child is aware of the password.</p> <p>Collection Password:</p>	
<p>Who is your child's teacher?</p> <p>What is there class number?</p>	

2. PARENTS/CARERS DETAILS:

1. Parent/Guardian/Carer Details (Invoice Recipient):

Name:	Parental Responsibility? Yes / No
	Relationship to child:
Home Address:	Work Address:
Home Telephone Number:	Work Telephone Number:
Mobile Number:	Work Mobile Number:
Email Address:	Work Email Address:

2. Parent/Guardian/Carer Details:

Name:	Parental Responsibility? Yes / No
	Relationship to child:
Home Address:	Work Address:
Home Telephone Number:	Work Telephone Number:
Mobile Number:	Work Mobile Number:
Email Address:	Work Email Address:

3. Emergency contact, should the two people named above be uncontactable:

Name:	Parental Responsibility: Yes / No
	Relationship to the child:
Home Address:	Work Address:
Home Telephone Number:	Work Telephone Number:
Mobile Number:	Work Mobile Number:
Email Address:	Work Email Address:

Are there any custody arrangements we need to aware of? Yes / No
If yes, please give details:

Has your child ever been subject to a child protection plan, or a CAFCASS assessment? Yes / No
If yes, please provide contact details:

Are there any other agencies involved with your child, e.g. Social Services, Speech and Language? Yes / No
If yes, please give details:

Are there any restrictions on who has contact with your child? Yes / No
If yes, please give details:

Does your child attend any other settings, e.g. pre-School, school?
If yes, please give details:

Who will normally collect your child?

3. CHILD INFORMATION

Is there anything significant happening/happened recently in your child's life (e.g. family issues, holidays, new pets, family celebrations)?

What are your child's favourite things to do?

How would you describe your child's character?

Does your family have any cultural or religious beliefs which we should be aware of in the care of your child?

Does your child regularly attend any clubs or group (e.g. swimming/rugby/dance lessons)?

Is there any other information that you feel would be helpful for Kidzone staff to know about your child?

4. MEDICAL INFORMATION

Name of GP:	Name and address of Dr's Surgery:
GP Contact Telephone Number:	
Does your child have any Medical conditions? Yes / No If yes, please give details:	
Is your child taking any medication at present? Yes / No If yes, please give details:	
Is your child up to date with all their immunisations? Yes / No If no, please give details:	
Has your child had a Tetanus Vaccination? Yes / No If no, please give details:	

Name of Dentist:	Name and address of Dentist Practice:
Dentist Contact Telephone Number:	

I consent to receiving information about upcoming Kidzone activities	Yes / No
I consent to receiving information about wider Westbank services	Yes / No