

ALL ABOUT ME

My name is _____ and I am _____ years old.

Things I like to do and places I like to go to:

Clubs I belong to:

I like to eat:

But I don't like eating:

Things that I am scared of:

I can do lots of things like:

I live with:

Things I am learning to do:



ymcalsw.org  

Registration and Consent Form



CHILD DETAILS

Child's name:

Child's D.O.B: Boy Girl

School: Class/year:

PARENT/CARER DETAILS

Parent's name ('s):

Address:

Postcode:

Contact no:

Email:

(All communication from YMCA LSW will be sent to this email address)

Relationship to child:

Is the child's home address the same as above? Yes: No:

Do you have full parental responsibility for the above named child? Yes: No:

Will you be responsible for paying your child's account? Yes: No:

If no, who will be paying the account?

ARE THERE ANY PERSONS THAT FOR LEGAL REASONS SHOULD NOT COME INTO CONTACT WITH THE ABOVE NAMED CHILD?

Yes: No: (If yes, please speak to the Children's Work Manager or Club Co-ordinator and attach details on a separate sheet.)

EMERGENCY CONTACT (IF MAIN CARER IS NOT AVAILABLE)

Contact name:

Contact no:

Address:

Postcode:

Relationship to child:

PLEASE PROVIDE DETAILS OF THOSE WHO WILL BE COLLECTING YOUR CHILD IN ADDITION TO THE NAMED PARENT/CARER

Person 1:

Contact no: Relationship to child:

Person 2:

Contact no: Relationship to child:

If anyone under the age of 14 will be collecting your child you will need to provide written consent that will need to be authorised by the manager/co-ordinator.

ETHNIC ORIGIN

White	Asian or Asian British	Mixed	Black or Black British
<input type="checkbox"/> British	<input type="checkbox"/> Indian	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Traveller of Irish heritage	<input type="checkbox"/> Pakistani	<input type="checkbox"/> White & Asian	<input type="checkbox"/> African
<input type="checkbox"/> Gypsy/Roma	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Chinese		
	<input type="checkbox"/> Other	<input type="text"/> <i>If other, please state:</i>	

Preferred home language:

DOES YOUR CHILD HAVE ANY DIETARY REQUIREMENTS/ALLERGIES WE SHOULD BE AWARE OF?

Yes: No:

Please specify:

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS OR ADDITIONAL SPECIAL NEEDS WE SHOULD BE AWARE OF?

Yes: No:

Please specify:

Child's Doctor/surgery:

Surgery name and contact number:

Are there any issues relating to your child's culture, religion, language or race that we should be aware of whilst providing care for your child?

WHICH CLUBS/SESSIONS WILL YOUR CHILD BE ATTENDING?

YMCA HAWKER	YMCA WIMBLEDON	YMCA SURBITON	YMCA WHITE HOUSE
<input type="checkbox"/> Breakfast Club	<input type="checkbox"/> St John Fisher After-school Club	<input type="checkbox"/> After-school Club	<input type="checkbox"/> NurseryLands Pre-school
<input type="checkbox"/> Holiday Playscheme	<input type="checkbox"/> Park Community After-school Club		<input type="checkbox"/> Holiday Playscheme
<input type="checkbox"/> After-school Club	<input type="checkbox"/> St John Fisher Holiday Playscheme		
<input type="checkbox"/> Kingston Community After-school Club			
<input type="checkbox"/> King Athelstan After-school Club			
<input type="checkbox"/> BASE912 Playscheme			
<input type="checkbox"/> Wild Play Days Playscheme			

PARENTAL/CARER CONSENT

Please be aware, should any urgent matters arise YMCA LSW will provide initial emergency treatment as necessary for the child. Contact will be made with the appropriate medical/health/safeguarding authorities when seeking medical advice or logging safeguarding concerns.

I give permission for my child to go on walks and outings from the YMCA LSW setting, providing he or she is accompanied by appropriate staff. Yes: No:

I give permission for staff to apply sunscreen that YMCA LSW supplies in sunny weather. Every effort will be made for your child to apply it themselves. Yes: No:

I give permission for my child to sign themselves in and out of the YMCA LSW provision and will provide a letter to YMCA LSW to support this. Children aged 9 years and over only. Yes: No:

I give permission for my child's photograph and video to be taken and used as part of the Children & Family Work activities, displays and for YMCA LSW's marketing and publicity purposes, including posters, leaflets, website and social media. Yes: No:

I give my permission for my child to have their face painted. Yes: No:

I give permission for my child to be transported by mini-bus, coach or public transport whilst on a YMCA LSW day trip or when being transported to/from school (where applicable). Yes: No:

I have read, fully understood and agree to the enclosed Terms and Conditions.

Print name:

Signed: Date:

Review date: Signed:

Want to find out more about YMCA LSW offers and events? Tick here to sign up to the e-news letter. Your details will not be passed onto a third party.

Where did you hear about the YMCA LSW childcare provision?