



HOLIDAY PLAY CLUB



ADDITIONAL CHILD REGISTRATION FORM

Website: www.readingplay.co.uk
Email: reading.play@reading.gov.uk
Call: 0118 937 2632



Reading
Borough Council
Working better with you

HOLIDAY PLAYCLUBS

GREEN PARK

240 South Oak Way, Green Park, Reading, RG2 6UL

Registration number: EY479013

Contact number during the running of the playclub only: 01189 755 455

THE HILL

The Hill Primary School, Peppard Road, Reading, RG4 8TU

Registration number: Not yet received.

Contact number during the running of the playclub only: 07803 454 966

WATERLOO MEADOWS

Katesgrove Childrens Centre, Elgar Road North, Off Berkeley Avenue, Reading, RG2 0BN.

Registration number: 955484

Contact number during the running of the playclub only: 07841 271 913



I would like to register my child/ren at **GREEN PARK / THE HILL / WATERLOO MEADOWS HPC.**

CHILD 3 REGISTRATION DETAILS

Name of child

Child prefers to be called

Date of Birth..... Age Male Female (Please tick)

Child's School

CHILD 4 REGISTRATION DETAILS

Name of child

Child prefers to be called

Date of Birth..... Age Male Female (Please tick)

Child's School

COLLECTION OF YOUR CHILD/REN

Please add below the name/s of additional adults who may be collecting your child/ren - must be over 16 years of age

1. Name Relation to child/ren

2. Name Relation to child/ren

3. Name Relation to child/ren

EMERGENCY MEDICAL TREATMENT - Important, please read and sign the statement below.

I consent to any emergency medical treatment necessary during the running of the Holiday Playclub. I therefore authorise the Site Leader/Deputy to sign on my behalf any written form of consent required by hospital authorities, should the delay required to obtain my signature be considered likely to endanger my child's health and safety.

I **do / do not** give my consent - Signature

If you **do not** give consent, please give alternative instructions.....

DOCTORS DETAILS

Doctor's name

Doctor's address

Doctor's telephone number

SPECIAL NEEDS / MEDICAL CONDITIONS / ALLERGIES ETC

We ask this question so that we can plan our activities around the needs of the children at the Holiday Playclub.

Does your child have any of the following? Please tick the yes or no box for each question.

	Child 3		Child 4	
A Disability or Special Need	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Special diet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Known allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Need medication given during Holiday Playclub hours	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Receives 1:1 help at school	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

IF YOUR ANSWER IS YES TO ANY OF THESE QUESTIONS THE DETAILS MUST BE COMPLETED BELOW

SPECIAL NEEDS/MEDICAL CONDITION/ALLERGY RECORD - CHILD 3

Please complete this section if you have answered **YES** to any of the questions above. If you have any further information on your child that you feel would help the staff on site, please attach this to the form.

In completing and providing as much information as possible regarding your child helps the staff on site to meet your child's needs.

Current Condition or illness

.....

Please give as much information as possible regarding your child's medical /special needs /dietary needs/allergies etc

.....
.....

Procedures we need to be aware of in the unlikely event of an emergency

.....

Details regarding your child's 1:1 /assistance from NTA / Special education needs

.....

SPECIAL NEEDS/MEDICAL CONDITION/ALLERGY RECORD - CHILD 4

Please complete this section if you have answered **YES** to any of the questions above. If you have any further information on your child that you feel would help the staff on site, please attach this to the form.

In completing and providing as much information as possible regarding your child helps the staff on site to meet your child's needs.

Current Condition or illness

.....

Please give as much information as possible regarding your child's medical /special needs /dietary needs/allergies etc

.....
.....

Procedures we need to be aware of in the unlikely event of an emergency

.....
Details regarding your child's 1:1 /assistance from NTA / Special education needs

Prescribed Medicine

Staff can only administer medication that has been prescribed by that child's doctor or hospital, for instance antibiotics for an ear infection, medicines to control Epilepsy, inhalers for asthma, lotions for eczema or other medications for similar cases. All medicines of this nature will have POM (Prescription only medicine) on the box and medicine. These medicines by law need to be in the original box with the label on and instructions attached. The dosage should be only that which is prescribed. The batch number of the medicine should be checked with the box batch number and expiry date to confirm. Record this on the forms.

Medical Declaration

I have given as much detail as I am able, to aid the staff at the Holiday Playclub in order to meet my child's needs. I understand that my child cannot be provided with a 1:1 ratio, as well as Reading Play's policy on administering prescribed medication. **Should my child require medication, I will give staff full details, and fill out the relevant forms. I agree to update staff should any of the given information change i.e. address/phone.**

Signature Date

CHILD INFORMATION

	Child 3		Child 4	
1. Do you give consent for your child being away from the Holiday Playclub under supervision, to visit places within walking distance such as parks, libraries etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Would you be willing for your child to have his/her photograph taken on site, which may be used in newsletters, posters, the website etc. for publicity purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you give consent for your child to have his/her face painted if this activity is run at the club?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you give consent for your child to have a temporary tattoo (henna) if this activity is run at the club?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you give consent for your child to have nail art/ varnish if this activity is run at the club?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do you give consent for your child to be given sweets and/or party food on special occasions (birthdays etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ETHNICITY MONITORING (OPTIONAL)

We ask this to enable us to monitor the effectiveness of our equal opportunities policy. Please tick, which best describes your child, this is optional and is only used for monitoring purposes.

- | | | | |
|-------------------------------|--------------------------|-------------------------------|--------------------------|
| A. White - British | <input type="checkbox"/> | H. Bangladeshi | <input type="checkbox"/> |
| B. White - Other | <input type="checkbox"/> | I. Chinese | <input type="checkbox"/> |
| C. Mixed White/Black | <input type="checkbox"/> | J. Indian | <input type="checkbox"/> |
| D. Mixed White/Asian | <input type="checkbox"/> | K. Pakistani | <input type="checkbox"/> |
| E. Any other mixed background | <input type="checkbox"/> | L. Black African | <input type="checkbox"/> |
| F. Any other Asian background | <input type="checkbox"/> | M. Black Caribbean | <input type="checkbox"/> |
| G. Any other Black Background | <input type="checkbox"/> | N. Other (please state) | |