

DUNKIRK FUN CLUB REGISTRATION FORM

CHILD INFORMATION			
<i>To be completed by the parent / guardian or person with parental responsibility and handed to the coordinators before the child attends the club</i>			
Child's Name _____ Gender M/F Date of Birth _____			
Address _____ _____			
School attended _____			
Telephone Number _____ Email address _____			
Can we send you details of Fun Club activities via email YES / NO (please delete)			
PARENT (S)/ GUARDIAN (S) OR PERSON (S) WITH PARENTAL RESPONSIBILITY			
Name _____	Name _____		
Relationship to child _____	Relationship to child _____		
Address _____ _____	Address _____ _____		
Tel No. _____	Tel No. _____		
Work Address _____	Work Address _____		
Work Tel No _____	Work Tel No _____		
EMERGENCY CONTACT(S)			
Name _____	Name _____		
Relationship to child _____	Relationship to child _____		
Address _____ _____	Address _____ _____		
Tel No. _____	Tel No. _____		
ETHNIC ORIGIN (please tick)			
<input type="checkbox"/> White British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Indian
<input type="checkbox"/> White Irish	<input type="checkbox"/> African	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Pakistani
<input type="checkbox"/> White – Other	<input type="checkbox"/> Black or Black British	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> *Other Ethnic Group	<input type="checkbox"/> Chinese	<input type="checkbox"/> *Other Mixed	<input type="checkbox"/> Asian or Asian British
* If you have noted other Ethnic Group or Other mixed above please specify below			
Please tell us the main language used in the home _____			
Please tell us your Religion if any _____			
DISABILITY			
Do you consider your child to have a disability YES / NO (please delete as appropriate)			
Please give details			
Is the child registered disabled Yes / No Registration Number _____			

Health
Name of Childs GP _____ Telephone Number _____
GP Surgery _____
Health Visitors name and address (<i>if applicable</i>) _____
Has your child been immunized against the following: Diphtheria <input type="checkbox"/> Measles, Mumps, Rubella <input type="checkbox"/> Polio <input type="checkbox"/> Whooping Cough <input type="checkbox"/>
Does your child regularly take any prescribed medicines (please give details including dosage)
Any Special diet (eg, Halal, Vegan), allergies, health problems, special needs or anything else that staff should know about?
Does your child receive any Special Needs support in school? Please give details, as we may be able to obtain support in the Club.
Is there anything else that staff need to know about your child? Any likes or dislikes? What activities do they enjoy?
PLEASE COMPLETE THE FOLLOWING CONSENT FORMS
I do / do not * give permission for a member of staff to obtain urgent medical treatment, for my child Signed _____ Date _____
I do / do not * give permission for my child to view videos, DVDs and play Playstation games, which are appropriate for their age. Signed _____ Date _____
I do / do not * give permission for my child to use the Internet whilst attending the fun club Signed _____ Date _____
I do / do not * give permission for photographs of my child to be used or displayed in publicity materials and in the fun club / school area. Signed _____ Date _____
I do / do not * give permission for my child to be taken off the premises to Spider Park and / or Highfields Signed _____ Date _____
I do / do not * give permission for my child to be transported using the minibus or other transport Signed _____ Date _____