



REGISTRATION FORM

Please can you fill out all sections & let us know if there are any changes

Child's Name
Date of Birth

Address.....
.....
Post Code
Email
Telephone No
Parent / Carer's Name:
Mobile No.....
Who has parental responsibility for the child/ young person?
.....

No. 1 Emergency Contact Name & No (NOT PARENT)
.....
No. 2 Emergency Contact Name & No (NOT PARENT)
.....

Doctors Name & telephone number
.....

Does your child meet the eligibility criteria (see attached)? YES NO

Medical Conditions/allergies/medication taken: Does the child/young person need to take medication whilst they are with us? YES NO

Does your child have epilepsy? YES NO

If yes, when was their last seizure?.....

Does your child have any allergies? YES NO

If yes, what?.....

Does your child receive free school meals / Pupil Premium? YES NO

Dietary requirements

Your child – What do they like?

Your child – Dislikes/anything that makes them upset?

How do you support your child when upset? What helps calm them down?

Communication - Is your child non-verbal? Do they use Makaton, PECS or any other form of communication?

Any additional information e.g. support with toileting or eating.

Data Protection Act 1998 & GDPR 2016 All information held about you will be kept secure and will only be used for data analysis for Funders. Data will be held confidentially for the duration of the programme You have the right to withdraw consent at any time.

Please see our Privacy Notice

I consent to data information being used for the purposes of running the programme

I consent to my child having photos taken/being filmed to help promote the service

Signed: _____ Date: _____

Name _____ Relationship to child _____



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artspace