



HOLIDAY PLAY SCHEME BOOKING FORM

SURNAME		DATE OF BIRTH		GENDER			
FORENAME(S)			KNOWN AS				
HOME PHONE NO							
NAME OF PARENTS/GUARDIANS <i>(Please give full name including title ie: Mr/Mrs/Dr/Miss)</i>							
MOTHER			FATHER				
CHILD'S HOME ADDRESS/POSTCODE							
PARENT'S ADDRESS <i>(If different to child)</i>							
WHO HAS PARENTAL RESPONSIBILITY FOR CHILD?							
RELIGION			HOME LANGUAGE				
ETHNIC ORIGIN: <i>The Department for Education & Skills requires schools to report information about the number of pupils from each ethnic group on its annual census. Please tick the box which you believe corresponds to your child's ethnic background).</i>							
White English	<input type="checkbox"/>	White Scottish	<input type="checkbox"/>	White Welsh	<input type="checkbox"/>	Other White British	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Traveller(Irish heritage)	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Any other white background	<input type="checkbox"/>
White/Black Caribbean	<input type="checkbox"/>	White/Black African	<input type="checkbox"/>	White/Pakistani	<input type="checkbox"/>	White/Indian	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Any other Ethnic group (please specify)	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Ghanaian	<input type="checkbox"/>	Nigerian	<input type="checkbox"/>	Sierra Leonian	<input type="checkbox"/>
Somali	<input type="checkbox"/>	Other Black African	<input type="checkbox"/>	Any other Black background (please specify)			<input type="checkbox"/>
Indian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other Asian background (Please specify)	<input type="checkbox"/>
EMERGENCY CONTACTS (PLEASE KEEP THIS INFORMATION UP-TO-DATE)							
FATHER'S PLACE OF WORK				PHONE		MOBILE	
MOTHER'S PLACE OF WORK				PHONE		MOBILE	
OTHER EMERGENCY CONTACT <i>(Please give relationship to child)</i>				PHONE		MOBILE	
DOCTOR'S NAME		SURGERY			PHONE NO		

Does your child have any medical conditions the school should be aware of? YES/NO
 If yes, please indicate the nature of the condition ie: allergies, asthma, any history of fits, hospitalisation etc:

Sight appears normal? YES/NO Should wear glasses? YES/NO

Hearing appears normal? YES/NO Should wear hearing aid? YES/NO

Any problems likely to cause difficulty or be relevant at school, ie: emotional (family circumstances)?

Please advise us of any dietary requirements your child may have

SESSION INFORMATION

MON DATE	TUESDAY DATE	WEDNESDAY DATE	THURSDAY DATE	FRIDAY DATE
MONDAY DATE	TUESDAY DATE	WEDNESDAY DATE	THURSDAY DATE	FRIDAY DATE
MONDAY DATE	TUESDAY DATE	WEDNESDAY DATE	THURSDAY DATE	FRIDAY DATE
MONDAY DATE	TUESDAY DATE	WEDNESDAY DATE	THURSDAY DATE	FRIDAY DATE

*Please indicate times and days in the boxes above for the sessions you would wish your child to attend.

- YES/NO - I enclose £_____ payment for the Holiday Play Scheme - (Cheques made payable to Ashbrook After School Club)
- I agree to pay for sessions booked a week in advance and I understand that if I do not, the service may be withdrawn
- I give permission for After School Club staff to administer minor first aid to my child and call for an ambulance, if necessary, in my absence.
- I give permission for my child to take part in face-painting activities
- I give permission for my child to view PG rated films under strict supervision of staff
- I give permission for my child to have photographs taken, if appropriate
- I have read the letter explaining the procedures for the After School Club, and agree to follow your procedures

Signed _____ Date _____

The information requested in this document may be stored on a computer and, if so, will be subject to the DATA PROTECTION ACT. The Act requires that all information will be strictly confidential and may only be accessed by those with a legal right to see it. The information will not be given to anyone without your written consent. You have the right to examine, at any reasonable time, information about you or your child that we keep on computer. You have a right to correct any information which you feel is wrong or misleading.