



**WYCHERT AFTER SCHOOL PLAY SCHEME**  
Haddenham Infant School, Woodways, Haddenham, Bucks HP17 8DS  
Tel: 07717 558318  
**REGISTRATION FORM**

Legal Surname:

Legal Forename:

Gender: Male / Female (delete as applicable)

Preferred forename:

Date of birth:

<b>HOME ADDRESS</b>	
House No/Name:	_____
Street:	_____
Town/City:	_____
County:	_____ Postcode: _____

<b>Parent/Carer 1 (name):</b>		<b>Parent/Carer 2 (name):</b>	
<b>Relationship to child:</b> Do you have parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Relationship to child:</b> Do you have parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Address</b> (if not home address above): _____		<b>Address</b> (if not home address above): _____	
<b>Post Code:</b> _____		<b>Post Code:</b> _____	
<b>Tel Nos:</b>	Home:	<b>Tel Nos:</b>	Home:
	Mobile:		Mobile:
	Work:		
<b>e-mail:</b> _____		<b>e-mail:</b> _____	
With whom does the child live?			

Please list below (in order of preference) the details of any person we can contact if we cannot contact parents in case of emergency.			
N o.	Name and relationship to the child (Grandparent, relative, neighbour etc)	Known to the child as? e.g. Gramps, Nana	Telephone number(s)
1			
2			
Family password to be used by anyone other than parents collecting child:			

To attend: BREAKFAST CLUB / AFTER SCHOOL CLUB / HOLIDAY CLUB (circle all which apply)

Current school attended:

Date due to leave primary education:

### MEDICAL INFORMATION

#### DIETARY NEEDS

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Artificial colour allergy    | <input type="checkbox"/> Gluten Free                  | <input type="checkbox"/> Kosher food only | <input type="checkbox"/> No dairy produce |
| <input type="checkbox"/> No nuts of any type/quantity | <input type="checkbox"/> No pork                      | <input type="checkbox"/> Seafood allergy  | <input type="checkbox"/> Vegetarian       |
| <input type="checkbox"/> Halal                        | <input type="checkbox"/> Other (please specify) _____ |   |   |

#### MEDICAL INFORMATION

- |  |   |   |  |
|--|---|---|--|
| <b>Does your child suffer from?</b>                | <input type="checkbox"/> Asthma               | <input type="checkbox"/> Epilepsy   | <input type="checkbox"/> Diabetes        |
| <input type="checkbox"/> Bowel or bladder problems | <input type="checkbox"/> Serious allergies    | <input type="checkbox"/> Any other medical condition (give details below) |  |
| <b>Does your child have any?</b>                   | <input type="checkbox"/> Vision problems      | <input type="checkbox"/> Hearing problems                                 | <input type="checkbox"/> Speech problems |
| <input type="checkbox"/> Mobility problems         | <input type="checkbox"/> Behavioural problems | <input type="checkbox"/> Medications                                      |  |

If you have ticked any of the above boxes, please give further details below:-

If your child is on medication, does it need to be given during club hours? – **Yes / No**

If Yes please discuss with the Play Leader.

### ETHNIC/CULTURAL INFORMATION

*The Department for Children, Schools and Families (DCSF) has asked for the collection of information on ethnicity of all children attending extended services provisions.*

#### ETHNICITY

- |   |   |  |
|---|---|--|
| <b>White</b><br><input type="checkbox"/> British<br><input type="checkbox"/> Any other white background   | <b>Mixed</b><br><input type="checkbox"/> White & Black Caribbean<br><input type="checkbox"/> White & Black African<br><input type="checkbox"/> White & Asian<br><input type="checkbox"/> Any other mixed background | <b>Black or Black British</b><br><input type="checkbox"/> Caribbean<br><input type="checkbox"/> African<br><input type="checkbox"/> Any other Black background |
| <b>Asian or Asian British</b><br><input type="checkbox"/> Indian<br><input type="checkbox"/> Pakistani<br><input type="checkbox"/> Bangladeshi<br><input type="checkbox"/> Any other Asian background | <b>Other</b><br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Any other ethnic group   | <input type="checkbox"/> I do not wish an ethnic background category to be recorded  |

### PERMISSIONS

- ☐ I give permission for my child to be photographed for publicity within the Club.
- ☐ I give permission for my child's hair to be braided.
- ☐ I give permission for my child's face to be painted.
- ☐ I give permission for my child to go on local walks within Haddenham with appropriate adult supervision.
- ☐ I give permission for my child to receive medical attention in the event of illness or accident and, if necessary, be transported to hospital by ambulance.

### PARENTAL DECLARATION

**DATA PROTECTION STATEMENT:** *The purpose of this form is to collect data for further processing within WASPS/Local Authority systems. Your signature on this form implies your consent for WASPS/Local Authority to process the data. The data will be processed in accordance with the purposes notified by WASPS/Local Authority to the Data Protection Commissioner's office and are subject to the Data Protection Act. The information given will be entered onto a computer and will form part of the WASPS' database.*

#### DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:

*I declare the above information to be correct to the best of my knowledge at the time of completion.  
I agree to notify WASPS of any change in my child's circumstances, particularly contact details.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_