

# London Borough of Sutton Play Service Registration Form 2022



## PLEASE NOTE:

The information that you provide on this form will be accessible to all of our staff and other agencies in an emergency. If there is any personal information which you feel it is important for us to know, but which you wish to remain confidential, please speak to the Play Service Manager Jenny Henry on site who will be able to take the information from you in a manner which will ensure confidentiality.

## 1. Child's Details (PLEASE PRINT ALL SECTIONS CLEARLY)

Child's Last Name (Surname):		
Child's First Names (Forenames):		
Gender:		
Age:	Date of Birth:	
Address:		
Home Telephone:		
Mobile Telephone:		
Which school does your child attend:		
Name of your Child's Doctor:		
Child's Doctor's Telephone Number:		
Ethnicity:	<input type="checkbox"/> Asian or Asian British – Bangladeshi <input type="checkbox"/> Asian or Asian British – Indian <input type="checkbox"/> Asian or Asian British – Pakistani <input type="checkbox"/> Asian or Asian British – Other <input type="checkbox"/> Black or Black British – African <input type="checkbox"/> Black or Black British – Caribbean <input type="checkbox"/> Black or Black British – Other <input type="checkbox"/> Chinese <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Mixed – White and Asian <input type="checkbox"/> Mixed – White and Black African <input type="checkbox"/> Mixed – White and Black Caribbean <input type="checkbox"/> White - British <input type="checkbox"/> White - Irish <input type="checkbox"/> White - Other <input type="checkbox"/> Other	

## 2. Parent/Carer Details (Parent/Carer currently residing with child)

<b>PARENT/CARER 1</b> - Name:		
Title:	Miss / Ms / Mrs / Mr / Other	
Employer's Name:		
Employers Address:		
Work Telephone Number:	Landline:	Ext: Alternative:
Email Address:		

<b>PARENT/CARER 2 - Name:</b>	
Title:	Miss / Ms / Mrs / Mr / Other
Employers Name:	
Employers Address:	
Work Telephone Number:	Landline: Ext: Alternative:
Email Address:	

### 3. Emergency Contact

Please provide details of a person **other than** the Parent/Carer who is authorised to collect the child.

Name:	
Title:	Miss / Ms / Mrs / Mr / Other
Address	
Telephone Number	Landline: Mobile:
Relationship of Emergency Contact to child: <i>(eg grandparent, childminder)</i>	

### 4. Collection Arrangements for your Child

Will <b><u>YOU</u></b> be the person who will always collect your child?	YES	NO
If NOT, please authorise another person to do so:		
Name:		
Address:		
Telephone Number:		
Relationship of nominated collector to child:		

**If you are nominating more than one person to collect your child, please use a separate sheet. You must contact our staff if you or the above nominated person are not able to collect your child in order to agree arrangements for another person to make the collection.**

**Please Note:** As we are responsible for your child whilst they are on site it is essential that you give us information that affects custody, or anything that relates to who may collect your child. This will be treated as confidential information. Please use the box below to include any information you would like us to know.

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### 5. Activities

Are there any activities that you do NOT wish your child to take part in?		
Do you agree to your child being taken off-site, under supervision, to visit places within walking distance? (Separate consent forms/costs will be required for all activities/trips involving transport or swimming):	YES	NO
Do you agree to your child having their photograph taken or being interviewed for publicity/media events?	YES	NO

### 6. Declaration and Signature

I have read and understood the information about the Play Service, Registration Form Guidance Notes and the Booking Terms and Conditions. I give my consent for my child to attend the Play Centre/Out of School Club and agree to abide by the booking terms and conditions. I have shared the appropriate parts of this information with my child. I give my consent for my child to be administered with First Aid by play staff and/or emergency medical treatment at a hospital where necessary. If any of these details change please advise us immediately.

Parent/Carer Signature:	
Date:	DD/MM/YYYY

Please return forms to [playservice@sutton.gov.uk](mailto:playservice@sutton.gov.uk). Any incomplete forms will not be processed.

**London Borough of Sutton Play Service Additional Needs/Medical Conditions  
Registration Form 2022**



**1. Your Child (Please print clearly)**

Child's Last Name (Surname):	
Child's First Names (Forenames):	

**Please note:** The information that you provide on this form will be accessible to all of our staff and other agencies in an emergency. If there is any personal information that you feel it is important for us to know, but which you wish to remain confidential, please speak to the play centre manager Jenny Henry who will be able to take the information from you in a manner which will ensure confidentiality. Please note that information cannot remain confidential if it relates to a safeguarding matter.

**2. Additional Needs and/or Medical Conditions**

1. Does your child have an Individual Education Plan (IEP) at school? If yes, is there anything within this that we need to know about:	YES	NO
2. Does your child have an Education, Health and Care (EHC) Plan (or Statement of Special Educational Needs)? If yes, please advise of any additional requirements:	YES	NO
3. Does your child have a Social Worker/Family Support Worker or other involved agency worker? If yes, please supply their name and contact details:	YES	NO
4. Is your child subject to a Child Protection Plan, Child In Need Plan or Looked After Child Plan?	YES	NO
5. Does your child have any medical conditions and/or additional needs? If yes, please give details:	YES	NO
6. Does your child receive any additional support for medical and/or additional needs? If yes, please give details:	YES	NO

7. Does your child require any medicines? If yes, please give details of all medication:  <i>Sutton Play Service will require separate disclaimer forms for the administration of medication.</i>	YES	NO
8. Will your child require additional support whilst at the Play centre/club?  If yes, please select clearly the level of support required: <b>PLEASE NOTE:</b> <i>There is an additional charge for a Support Worker – please call the Play Service Manager Jenny Henry on 07522 219747</i>	YES	NO
	1:1	1:2
		1:4
9. Does your child have any allergies (including plasters, nuts etc)? If yes, please give details:  Should your child require an Epi-pen then it must be handed to the Manager, Jenny Henry, inside a box with your child's name clearly on the front.  <b>Sutton Play Service cannot guarantee your child will not have access to nuts.*</b>	YES	NO
10. Does your child have any special dietary requirements? If yes, please give details:  <b>Sutton Play Service cannot guarantee your child will not have access to nuts.*</b>	YES	NO
11. Is there any further information you would like us to know (including any language needs or other personal information)? If yes, please give details:	YES	NO

*\* Whilst we can ensure that no nut based products are served as snacks in our out of school settings, however, in line with food manufacturers' guidelines we cannot guarantee that foodstuffs have been prepared in an environment that is certified as 'nut free'. Similarly, we cannot guarantee that your child will not be exposed to nut based substances found naturally in the outdoor environment eg. seeds and nuts dropped by birds but will endeavour to minimise risk as far as possible. If your child has an identified allergy which necessitates treatment in the form of eg. an Epi-pen it is imperative that the setting is made aware of this and the appropriate medication/management strategies supplied.*

## 5. Declaration and Signature

**I give my consent for my child to be administered with First Aid by play staff and/or emergency medical treatment at a hospital where necessary.**

Parent/Carer Signature:	
Date:	DD/MM/YYYY

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