

# Booking Form

Sir John Lillie

Holiday Playcentre



Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

I understand it is my responsibility to inform the playcentre staff of any changes to the information I have shared on this form at my earliest convenience.

Parent/Carer Signature \_\_\_\_\_ Date \_\_\_\_\_

# Registration Form

Please complete in CAPITAL LETTERS

## Child's Details:

Child's First Name .....	Last Name .....
DOB .....	Male <input type="checkbox"/> Female <input type="checkbox"/>

## Parent/Carer Details:

Parent/Carers Name .....	
Relationship to child .....	
Address .....	
..... Post Code .....	
Telephone Numbers:	
Home .....	Work .....
Mobile .....	Evening .....

## Second Contact in Case of Emergency:

Name .....	
Relationship to child .....	
Address .....	
..... Post Code .....	
Telephone Numbers:	
Home .....	Work .....
Mobile .....	Evening .....

## Medical Information Form

Please circle **Yes** or **No** to the following questions.

*If the answer is **yes**, please give more details in the space provided.*

Does your child have a physical disability or specific need that may require us to offer special support?

Yes/No

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Does your child have a known medical condition that may exclude certain medical interventions?

Yes/No

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Does your child have any religious beliefs that may exclude certain medical interventions?

Yes/No

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Does your child require a special diet?

Yes /No

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Does your child have any allergies?

Yes/No

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Is it necessary for your child to be given any medication during the day while they are attending the playcentre?

Yes/No

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If yes, please complete a Medicine Consent Form available on request.

**Other Information**

Is your child likely to run away from site? Yes/No

Do you agree to your child being taken off-site under supervision to visit places within walking distance, normally the local shop or park? Yes//No

Are you willing for your child to have his/her photograph taken on site, which may be used in news items or publicity or in displays? Yes/No

Does your child have any specific needs? Yes/No  
If yes, please give details: -

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Does your child have an appointed social worker? Yes/No  
If yes, please give details: -

Social Worker Name: .....

Office Address: .....

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Telephone No: .....