



Bolton School Kidzone Registration Form

Child's Personal Information	
Child's Surname:	Forenames:
Date of Birth:	Gender:

Correspondence addressed to: (e.g. Dr & Mrs Smith)			
Home Address:			
Post Code:		Home No:	

Please provide a mobile telephone number to receive important information by text message

If you would like to receive email updates please provide your email address in capital letters.....
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Emergency Contact Information			
Please list in order an appropriate person to be contacted in the event of an emergency.			
Title	Name	Relationship to Child	Telephone Numbers
			Home
			Work
			Mobile
			Home
			Work
			Mobile
			Home
			Work
			Mobile

Information about your child

The information contained on this form will be entered into a database held at Kidzone @ the Den and will be held in the strictest of confidence.

Medical Information

Does your child have any medical conditions or medication that we need to be aware of? Please list below.

Please tick this box if you are supplying a prescribed medication for your child to our club. Please note that existing medication held in school for pupils is not available to us. Please ensure that you keep record of any medication provided and its expiry date.

Child's Doctor:

Address:

Post Code:

Telephone Numbers:

Does your child have any special dietary requirements that we need to be aware of? Please list below.

Please answer the following questions by ticking the YES or NO boxes. If your child requires any extra support to attend our setting we will ask to meet with yourselves and your child (if appropriate) to complete the Individual Support Plan. This will be used to record more detailed information about your child's needs and develop a package of care appropriate for your child and the club.

	YES	NO
Does your child have a statement of Special Educational Needs?		
Does your child have any physical disability or condition that means they require additional support or equipment to access Kidzone?		
Does your child have any learning difficulty/disability that means they require additional support or equipment to access Kidzone?		
Does your child have any behavioural difficulties/conditions that need to be handled in a particular manner?		
Does your child have intimate care requirements, for example help with toileting or meal times whilst at Kidzone?		
Are there any communication difficulties or needs that require extra support?		
Will your child need extra support whilst on trips? (school holidays only)		

Are there any special family circumstances which may affect your child, that we need to be aware of? Please give details below.

Where did you hear about us?

Please indicate which service/s you intend to use.

Breakfast @ the Den (Before school club) Bolton School Only

Chillout @ the Den (After School Club) Bolton School Only

Hangout @ the Den (Holiday Club) Any Child

What school/setting does your child currently attend?
 Would you be happy for us to liaise with this school/setting?.....

People authorised to pick up your child: Please note your child will not be released into the care of anyone not shown on this list. Unless previous notification has been given.

Title	Name	Relationship to Child	Telephone Numbers
			Home
			Work
			Mobile
			Home
			Work
			Mobile
			Home
			Work
			Mobile
			Home
			Work
			Mobile

Parent/carer signature:

Name in full:

Relationship to child:

Date:

When completed please return with a signed copy of the Kidzone Parent Contract to: Kidzone @ the Den, Bolton School, Chorley New Road, Bolton, BL1 4PA