



WEST WILTS SPECIAL NEEDS ACTIVITY SCHEME

(Registered Charity no. 1063962)

CHILD APPLICATION FORM 2008

Please fill out BOTH SIDES of this form, in BLACK PEN

RETURN AS SOON AS POSSIBLE WITH YOUR PAYMENT no later than 27 JUNE 2008

Places are limited and cannot be guaranteed

The information on pages 1 and 2 of this form is required under the Children's Act.

PLEASE COMPLETE ALL SECTIONS

CHILD'S DETAILS:

| | |
|--|--|
| Name of Child: | |
| Date of Birth: | |
| Age (as at 1st August 2008) | |
| School/College attended during the past year | |
| Family Doctor's name: | |
| Address: | |
| Telephone no. (inc. code) | |

PARENT/GUARDIAN DETAILS/EMERGENCY CONTACT INFORMATION

| | |
|-----------------------|-----------|
| Parent/Guardian name: | |
| Address: | |
| | Postcode: |
| Tel no: (inc. code) | Mobile: |
| Email address: | |

ADDITIONAL EMERGENCY CONTACT PERSON:

| | |
|---|--|
| Emergency Contact Name: | |
| Address | |
| Emergency Contact Telephone no. (inc. code) | |
| Relationship to child | |

ATTENDANCE:

Please tick (✓) the boxes below against the dates you wish your child to attend (10am – 3pm)

| | |
|--------------------|--------------------------|
| MONDAY 4 AUGUST | <input type="checkbox"/> |
| TUESDAY 5 AUGUST | <input type="checkbox"/> |
| WEDNESDAY 6 AUGUST | <input type="checkbox"/> |
| THURSDAY 7 AUGUST | <input type="checkbox"/> |
| FRIDAY 8 AUGUST | <input type="checkbox"/> |

| | |
|---------------------|--------------------------|
| MONDAY 11 AUGUST | <input type="checkbox"/> |
| TUESDAY 12 AUGUST | <input type="checkbox"/> |
| WEDNESDAY 13 AUGUST | <input type="checkbox"/> |
| THURSDAY 14 AUGUST | <input type="checkbox"/> |
| FRIDAY 15 AUGUST | <input type="checkbox"/> |

MEDICAL INFORMATION:

| | |
|--|---|
| Immunisations received by child: | |
| Is your child on medication which needs to be administered during the scheme | YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If 'YES' - a medical card will be sent to you for completion. The card must then be returned BEFORE THE SCHEME BEGINS.</i> |
| Special diet, allergies, health problems | |
| Child's diagnosis – please give as much details as possible. | |
| Any other special needs (not covered by form overleaf) e.g. religious/cultural | |

PHOTOGRAPHS:

| | |
|--|---|
| Please give permission for photographs to be taken whilst your child attends the scheme: | <input type="checkbox"/> Yes – I give permission for my child to be photographed <i>Note: Photographs may be used for funding applications</i> |
| | <input type="checkbox"/> No – I do not wish my child to be photographed |

COLLECTION : YOUR CHILD WILL NOT BE HANDED OVER TO ANY PERSON WHOSE NAME DOES NOT APPEAR ON THE PERMISSION LIST BELOW, AND WHO IS NOT IN POSSESSION OF THE CHILD'S NAME BADGE.

| |
|---|
| The following people have permission to collect my child, PLEASE INCLUDE THE NAMES OF ANY DRIVERS WHO MAY DELIVER OR COLLECT YOUR CHILD: |
| |
| |
| |
| The following named people DO NOT HAVE PERMISSION to collect my child: |
| |
| |
| |

TRANSPORTATION:

Please indicate how your child will be transported to and from the scheme (✓)

| | | |
|---------------------------------|--------------------------|---------------------------|
| Own transport | <input type="checkbox"/> | |
| Taxi* | <input type="checkbox"/> | * Supply names of drivers |
| PTU (passenger transport unit)* | <input type="checkbox"/> | * Supply names of drivers |

We would like to make your child's attendance at the scheme a happy one. It is therefore essential that you provide us with information in all areas below to enable us to support your child's needs. It will help us to do our best for your child if we know a little bit about his/her particular ways. Please give as much information as possible. We welcome your help.

| | |
|--|--|
| Mobility (e.g. wheelchair, crawls, walks etc.) | |
| Feeding/Drinking (e.g. help needed, special words, likes/dislikes) | |
| Toileting (eg frequency, special words, wears pads/nappies – please supply <u>daily</u>) | |
| Activities: (please include any special habits, preferences, gestures and words). | |
| Likes/Can do: | |

| | |
|--|--|
| Dislikes/Can't do: | |
| Communicates needs and feelings (please describe how): | |
| General Behaviour: Please describe how a carer can help and direct your child, including any inducements, distractions, special words etc.) | |
| Any other information and points to watch: | |

Emergency Permission: In the absence of parent/guardian I authorise the Co-ordinator to give permission to the doctor to undertake whatever treatment is considered necessary.

Signed: _____

Date: _____

PLEASE RETURN THIS FORM TO:
 THE WEST WILTS SPECIAL NEEDS ACTIVITY SCHEME,
 BRIDGE HOUSE, STALLARD STREET, TROWBRIDGE,
 WILTSHIRE BA14 9AE