Xtreme Activate Registration Form

Review Date:

Child's Forename:	Child's Surname:
Gender (Please circle) **Male** **Female**	**Date of Birth:**
PASSWORD for Child collection: (e.g. "Rover")	
Prompt for password: (e.g. "Our Dogs Name")	

Childs Home Address

Address

Town

Post Code

Parent/Guardian Email address:

Names and Addresses of Parents / Legal Guardian:	
Parent/Guardian 1	**Parent/Guardian 2**
(If different from Childs address above) **Name:** **Address:** **Relationship to Child:** **1st Contact No:** **2nd Contact No:**	(If different from Childs address above) **Name:** **Address:** **Relationship to Child:** **1st Contact No:** **2nd Contact No:**
Who has parental responsibility? **Who has legal contact with the child?** **Which parent/legal guardian does the child normally live with?**	

Please give details who can be contacted in an emergency IF PARENTS / LEGAL GUARDIANS FOR ANY REASON ARE UNAVAILABLE	
Contact 1	Contact 2
Name:	Name:
Address:	Address:
Emergency Contact No:	Emergency Contact No:

Religion:	Nationality:
Home Language:	Language(s) spoken by child:
Name of the school your child currently attends:	
Does your child have a completed EHA Form? (Early Health Assessment)	Yes No Don't Know

Ethnicity *(Please circle to indicate your child's cultural backgrounds)*		
White – British Irish Traveller of Irish Heritage Gypsy/Roma Any other white background	**Mixed –** White and Black Caribbean White and Black African Any other mixed background	**Asian or Asian British –** Indian Pakistani Bangladeshi Any other Asian background
Black or Black British – Caribbean African Any other Black background	**Chinese or other ethnic group –** Chinese Other ethnic group *(Please State)*	**Other –** Prefer not to say

Does your child have any special educational needs/disabilities:

No

Yes *(Please give details, including support received; i.e. speech therapist, occupational therapist or other)*

Please give details if your child has any allergies: *(e.g Nuts)*

Please give details of any health requirements and/or medication that your child may have: *(i.e.inhaler, epipen)*

Medication:

Please complete a Medication consent form at the request of the Supervisor.

The following information may be needed in an event of an emergency:

Name of Doctor	Surgery Name	Doctors Tel

Please note in an emergency, Spectrum staff may be asked to provide information to NHS staff regarding your child's medical history. Could you please complete and sign the statement below:

I give/do not give *(Delete as appropriate)* permission for Staff at Xtreme Activate to seek any necessary emergency medical advice or treatment and to discuss my child's medical history included in this form and information contained on the Medication consent form.

Parent/Guardian Signature _____

The following information only applies if your child is aged 9-12 years: (please circle)

Can your child swim? **YES   NO**

What badges/distance has your child achieved? **Less than 25m / 25m-50m / 50m+**

Please add any information about the safety of you child in the water that you feel we need to be aware of:

Guildford Spectrum from time to time uses photography to capture children at play for advertising purposes.

Please circle to give permission for photographs of your child to be used:

Within the setting ☐   In setting publications ☐   In the local press ☐   NO TO PHOTOS ☐

Please use this space to tell us anything else about your child that you may feel is relevant.
(Please continue on a separate sheet if needed)

I have received, read and understood the Parents Pack that has been issued. If I have any queries relating to the Parents Pack, I shall speak to the Supervisor on Shift

Please print your name, sign and date.

Print Name _____ **Parent / Guardian**

Signed _____ **Date_____**

Xtreme Activate Supervisor Signature _____   Date _____

Registration form review:
I have reviewed the information given in the Xtreme Activate registration form and have updated the information as necessary:

Parent/ Guardian Signature: *Date*

Xtreme Activate Supervisor Signature: *Date*