



ACE Kids Club

Registration Form

I wish to apply for a place for my child at ACE Kids Club. I have read the terms and conditions and will abide by them.

Name of child: _____

Date of birth: _____

Parent name: _____

Address: _____

Phone numbers: Home _____

Work _____

Mobile _____

Email address: _____

In case of emergency:

1st contact Name _____

Number _____

2nd contact Name _____

Number _____

Food and Drink Allergies

Please list below if your child has any food or drink allergies. If none, then please state 'not applicable':

Please note: we ask that no nuts / peanut butter is part of your child's packed lunch / snacks for the consideration of other children.

Medical details:

Please list below any medical problems that you feel ACE staff should know about. If none, then please state 'not applicable':

Doctor's name:

Surgery address:

Telephone:

Medication

If your child takes regular medication, please state:

Are you happy that a member of ACE Kids Club staff shall administer this, as per your instructions?

Yes ☐ No ☐

Please state the administration instructions:

In the future, please let us know if temporary medication is prescribed.

First Aid

In the event of minor incidents (graze, small cuts, etc) do you give your permission for ACE staff to use -

Antiseptic wipes Yes ☐ No ☐

Plasters Yes ☐ No ☐

Small dressings Yes ☐ No ☐

Do you give staff permission to seek emergency medical advice or treatment in the event of them not being able to contact you?

Yes ☐ No ☐

Does your child have special educational needs?

Yes ☐ No ☐

Please give details. When your child is offered a place, we will have a meeting with an ACE manager and school SENCO so we know how we can meet your child's specific needs.

Equalities Monitoring:

To assist in our duty to undertake disability and ethnic monitoring, in line with our duties under the Disability Discrimination Act, the Race Relations Act and the Government's Best Value Indicators, please complete the following:

Do you consider your child to be disabled by the Disability Discrimination Act?

Yes ☐ No ☐

If yes, please specify:

Please indicate your child(ren)'s ethnicity:

White:

British ☐

English ☐

Irish ☐

Scottish ☐

Welsh ☐

Other ☐

Asian or Asian British:

Bangladeshi ☐

Chinese ☐

Pakistani ☐

Other ☐

Black or Black British:

African ☐

Caribbean ☐

Other ☐

Mixed:

White & Asian ☐

White & Black African ☐

White & Black Caribbean ☐

White & Chinese ☐

Other ☐

For any 'Other' boxes selected, please specify details:

Additional Comments

Please add any other details that you feel are relevant to the welfare of your child:

Parent / Guardian / Carer

I have completed this form and, to the best of my knowledge, the information I have given is correct. Please sign and return to ACE Kids Club.

Print name: _____

Signature: _____

Date: _____