



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.

Are you an employee of Saffron Walden Academy Trust?

Yes No

If so, please state your position and school.

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:
