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| **Holiday Clubs Registration Form** | | | | | | | | | | |
| 1. **Child’s Information** | | | | | | | | | | |
| ☐ **Is your child in receipt of benefits-related free school meals?** | | | | | | | | | | |
| Child’s Full Name: |  | | | | | | DOB: | |  | |
| Gender: | Male / Female / Prefer not to say / Other: | | | | | | | | | |
| Home Address: |  | | | | | | | | | |
|  | | | | | | Post Code: | | |  |
| Ethnic Group:  Choose one section from A to E, then tick one box to best describe your child’s ethnic group or background. | **A White**  ☐ English, Welsh, Scottish, Northern Irish or British  ☐ Irish  ☐ Gypsy or Irish Traveller  ☐ Any other White background | | | | | | | | | |
| **B Mixed/multiple ethnic groups**  ☐ White and Black Caribbean  ☐ White and Black African  ☐ White and Asian  ☐ Any other Mixed or Multiple ethnic background | | | | | | | | | |
| **C Asian/Asian British**  ☐ Asian or Asian British  ☐ Indian  ☐ Pakistani  ☐ Bangladeshi  ☐ Chinese  ☐ Any other Asian background | | | | | | | | | |
| **D Black/African/Caribbean/Black British**  ☐ African  ☐ Caribbean  ☐ Any other Black, African, or Caribbean background | | | | | | | | | |
| **C Other ethnic group**  ☐ Arab  ☐ Any other ethnic group | | | | | | | | | |
| School currently attending: |  | | | | | | | | | |
| Safeguarding Password:  To use upon collection of your child at the end of each day. |  | | | | | | | | | |
| 1. **Parent/Guardian Information** | | | | | | | | | | |
| **Primary Emergency Contact** | | | | | | | | | | |
| Parent/Guardian Name: | |  | | | | | | | | |
| Relationship to child: | |  | | | | | | | | |
| Home Address: | |  | | | | | | | | |
|  | | | | Post Code: | | | |  |
| Home Telephone: | |  | | | Mob: |  | | | | |
| Email Address: | |  | | | | | | | | |
| **Secondary Emergency Contact** | | | | | | | | | | |
| Parent/Guardian Name: | |  | | | | | | | | |
| Relationship to child: | |  | | | | | | | | |
| Home Address: | |  | | | | | | | | |
|  | | | | Post Code: | | | |  |
| Home Telephone: | |  | | | Mob: |  | | | | |
| Email Address: | |  | | | | | | | | |
| 1. **Child’s Medical Information** | | | | | | | | | | |
| Child’s Doctor: | | |  | | Tel: |  | | | | |
| Doctor’s Address: | | |  | | | | | | | |
|  | | | Post Code: | | | |  |
| Medical Conditions: | | |  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Known allergies/medication: | | |  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Dietary Requirements  (allergies/intolerances): | | |  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| 1. **Permissions** | | | | | | | | | | |
| **Medical Permissions** | | | | | | | | | | |
| If my child is involved in a serious incident while at Kinetic Kids Holiday Clubs, I expect the Manager or a delegated member of staff, to contact me immediately on the above contact number.  If my child requires immediate medical treatment up to and including surgery before I can get to the Hospital, I hereby authorise the Manager or delegated member of staff, to seek emergency treatment on my behalf.  I understand that this authorisation will remain valid unless I contact the manager to withdraw it. | | | | | | | | | | |
| Signature of parent/guardian: | | | |  | | | | Date: |  | |
| **Photo/Publicity Permissions** | | | | | | | | | | |
| I give permission for my child’s photo to be taken at Kinetic Kids Holiday Clubs and used on their website, social media or displays within their centres. I understand that children will not be identified in any such pictures used. | | | | | | | | | | |
| Signature of parent/guardian: | | | |  | | | | Date: |  | |
| **Collection Permissions** | | | | | | | | | | |
| I give my permission for my child to be collected by any of the contacts listed as emergency contacts. | | | | | | | | | | |
| Signature of parent/guardian: | | | |  | | | | Date: |  | |
| **Declaration** | | | | | | | | | | |
| I confirm that the information given is correct, and I promise to contact Kinetic Kids as soon as any of the details change. | | | | | | | | | | |
| Signature of parent/guardian: | | | |  | | | | Date: |  | |

**Please specify which venue and dates you would like to book on the following page.**

**Please specify in the below tables which dates you would like to book by location. You can do this by ticking in the relevant age group for your child each day.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Age Groups** | | |
| **Location** | **Dates** | **Mini Martians**  6-8 years | **Roaring Rockets**  9-10 years | **Mighty Meteors**  11-12 years |
| **Claydon**: It’s Rocket Science, Unit 14, Old Ipswich Rd, Claydon, Ipswich IP6 0AJ | **Week 1** | | | |
| Monday 2nd August | ☐ | ☐ | ☐ |
| Tuesday 3rd August | ☐ | ☐ | ☐ |
| Wednesday 4th August | ☐ | ☐ | ☐ |
| **Week 2** | | | |
| Monday 9th August | ☐ | ☐ | ☐ |
| Tuesday 10th August | ☐ | ☐ | ☐ |
| Wednesday 11th August | ☐ | ☐ | ☐ |
| **Week 3** | | | |
| Monday 16th August | ☐ | ☐ | ☐ |
| Tuesday 17th August | ☐ | ☐ | ☐ |
| Wednesday 18th August | ☐ | ☐ | ☐ |
| **Week 4** | | | |
| Monday 23rd August | ☐ | ☐ | ☐ |
| Tuesday 24th August | ☐ | ☐ | ☐ |
| Wednesday 25th August | ☐ | ☐ | ☐ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Age Groups** | | |
| **Location** | **Dates** | **Mini Martians**  6-8 years | **Roaring Rockets**  9-10 years | **Mighty Meteors**  11-12 years |
| **Ipswich**: Ipswich Town Hall & Corn Exchange, Cornhill, Ipswich IP1 1DH | **Week 1** | | | |
| Tuesday 3rd August | ☐ | ☐ | ☐ |
| Wednesday 4th August | ☐ | ☐ | ☐ |
| Thursday 5th August | ☐ | ☐ | ☐ |
| **Week 2** | | | |
| Tuesday 10th August | ☐ | ☐ | ☐ |
| Wednesday 11th August | ☐ | ☐ | ☐ |
| Thursday 12th August | ☐ | ☐ | ☐ |
| **Week 3** | | | |
| Tuesday 17th August | ☐ | ☐ | ☐ |
| Wednesday 18th August | ☐ | ☐ | ☐ |
| Thursday 19th August | ☐ | ☐ | ☐ |
| **Week 4** | | | |
| Tuesday 24th August | ☐ | ☐ | ☐ |
| Wednesday 25th August | ☐ | ☐ | ☐ |
| Thursday 26th August | ☐ | ☐ | ☐ |