Notting Hill Adventure Playground

Registration Form

*Please note the registration form must be **completed in full** and signed by a Parent/Carer/Guardian over the age of 18 years before your child/ren attend the playground*

Open Access Play Provision Declaration

Notting Hill Adventure Playground is registered with OfSTED (Office for standards in education) under the Voluntary Childcare Register. We are an open access playground and which means the playground is supervised by Play workers, free to enter and children and young people are not prevented from coming and going as they please. If you wish for your child/young person not to leave the playground you will need to discuss this with them. Please refer to our parent/carer guide to open access play provision.

I have read the declaration and understand the Open Access Policy Signed: Date:

Registration Details

Name of Child or Young Person:		**School Attended:**
Date of Birth	**Age**	**Gender** **Boy** ☐ **Girl** ☐
Address **Post Code**		**Contact Telephone Numbers:** **Home** **Work:** **Mobile**

Medical and Health Information

Name of Doctor: **Name of Surgery/Practice:** **Tel No:**	**Does your Child/Young person take any medication or have a medical condition:**
Does your child/young person require or have any of the following: **Allergies** ☐ *please state* _____ **Dietary Requirements** ☐ *please state* _____ **Other** ☐ *please state* _____	**Does your Child/Young person have a recognised disability:** **Does your Child/Young person have any learning or behavioural difficulties:**

Medical/Health Declaration

- I will inform the Senior Play Worker/Person In Charge as soon as possible if there are any changes to circumstances
- I agree to my son/daughter receiving medication as instructed by medical professionals in the event of an emergency
- In my absence a member of Notting Hill Adventure Playground will accompany my child to the hospital along with the registration form and stay with my child until I arrive

Signed _____ **Date**_____

Full Name _____

Photo/Media Consent

Occasionally we may photograph or film children/young people during play sessions, events and off site trips to publish on our website, Social Media, Displays within Venture Community Association and to share with funding partners as evidence.

Do you consent to the following: (Please Circle)

1.	Social Media Usage	**YES**	**NO**
2.	Use within Venture Community Association	**YES**	**NO**
3.	Share with funding partners	**YES**	**NO**

Emergency Contacts

Please note one of the emergency contacts should live locally. We will always contact the Parent/Carer/Guardian who has signed and completed the registration form first.

Name	**Name**
Address	**Address**
Tel:	**Tel:**
Relationship to Child/Young person:	**Relationship to Child/Young person:**

Confidentiality and Information Sharing

All information will be handled in line with the Data Protection and Children Act. The personal information used on this form will be handled by the Venture Community Association and used for general registration and monitoring.

I have understood the purpose of the above information and give consent for my child to participate in activities provided by Notting Hill Adventure Playground

Name	**Signature**	**Date**

What is your ethnic group? Choose one option that best describes your ethnic group or background

White		**Mixed/Multiple Ethnic Groups**	
English/Welsh/ Scottish/ Northern Irish		White and Black Caribbean	
Irish		White and Black African	
Gypsy or Irish Traveller		White and Asian	
Any other white background		Any other mixed/Multiple ethnic background	
Asian/Asian British		**Black African/Caribbean/Black British**	
Indian		African	
Pakistani		Caribbean	
Bangladeshi		Any other Black/ African/Caribbean Background	
Chinese		**Other Ethnic Group**	
Any other Asian background		Arab	
		Any other ethnic group	