

## REGISTRATION FORM - 2023

Hornimans Adventure Playground is a Community Adventure Play facility for children aged 5 – 16 years. The service is funded by RBKC and by other charitable trusts, grants and donations. It is free of charge for children to attend, but we do accept contributions from those who wish to make a donation.

**All children and young people that attend HAPG must have a registration form completed by a parent or carer.**

With parental permission, children aged 8 and above can leave independently. Children younger than 8 years must be collected by a responsible adult.

Please ensure that your child wears sensible shoes and trainers & clothes - Play can get messy!

**Please ensure that all sections of this form are completed clearly and correctly.**

<b>Child's Name:</b>	<b>Date of Registration:</b>
<b>Date of Birth:</b> <b>Age:</b>	<b>Gender:</b>
<b>Home Address:</b>	<b>Name &amp; DOB of any siblings registered at Hornimans:</b>
<b>Postcode:</b> <b>Borough:</b>	<b>Full Name of Parent/Carer:</b>

<b>Please provide contact phone numbers</b>	<b>Ethnicity (optional):</b>
<b>Home:</b>	<b>Name of School:</b> <b>Borough of school:</b>
<b>Work:</b>	<b>Doctor:</b> <b>Phone no:</b>
<b>Mobile</b>	<b>Address:</b> <i>In the case of an emergency a member of the staff team will seek emergency medical advice or treatment for your child</i>

### Arrival & Departure

**With parental permission, children aged 8 and above can leave independently. Children younger than 8 years must be collected by a responsible adult.**

**Do you give permission for your child leave HAPG without a responsible adult (only applicable if child is aged 8 or above)?**

**Name of adult/s who will usually collect your child:**

**Password for new adults to provide when collecting child:**

## Medical Information

Please provide any details of medical conditions, allergies or other relevant health information (please continue on back of form if necessary):

*For any allergies please provide allergy management sheet from GP*

Please indicate if your child takes any medication: Yes  No

*If we are required to administer medication you must complete the HAPG Administration of Medicine form. AM form completed YES/NO? (Attach/provide copy if yes)*

## Dietary requirements

Please state (Eg Halal, Vegan)

Special Educational Needs & Disabilities or any other relevant information that may be helpful for staff to be aware of. Please provide details (continue on back of form if necessary):

Are you eligible for Free School Meals (Universal Credit, and your household earns less than £14,000 per year. Child Tax Credit or Working Tax Credit, and your household earns less than £16,190 per year)? YES or NO:

Refugee or asylum seeker?

Speak English as additional language?

Emergency Contacts: Please give name and address's & telephone number of two emergency contacts

Name:	Name:
Address:	Address:
Tel:	Tel:

Permission for child to participate in Henna? YES/NO

Face painting? YES/NO

Parental Consent: give my consent for my child to become a member of Hornimans Adventure Playground and to take part in activities.

Name of person with parental responsibility for the child or young person:

Signature:

Date:

We take photographs/films at Hornimans for use on our website and evaluation/feedback for funders. Please be aware that we need to evaluate our activities in order to gain funding we do this through the children's feedback. If you do not want your child to be filmed/photographed please tick the box.