

Marian Mission Educational & Family Support Centre

Childcare Registration Form (Breakfast/ After School Club & Holiday Club)

Name of pupil _____ Date of Birth _____

Home Address _____

Post Code: _____ Gender: **M / F** Ethnic Origin: _____ Religion: _____

Name of Parent/Carer _____ Relationship: _____

Contact Tel: _____ Mob: _____ Email: _____

Who has parental responsibility for the child?: _____ Who does the child live with?: _____

National Insurance No./s of the Responsible Parent/s: _____

Work Tel. No: _____ **Emergency contact (two names):**

Name _____ Tel. No. _____

Address _____

Name _____ Tel. No. _____

Address _____

Name of school _____

Name of Class teacher at school _____

Year/Class: _____ (KS1, KS2, KS3,) circle the appropriate one

Has Special Educational Needs? **Y / N** Statemented? **Y / N** SEN Code of Practice: Stage _____

EAL Stage _____ Language/s spoken at home _____

Session you are registering for: 1. **Breakfast Club** 2. **After School Hours' Club** 3. **Holiday Club**

Strength of Pupil _____ Weakness _____

General Practitioner's name _____

Address of doctor _____

Post Code: _____ Tel. No. _____

Medical/Dietary information:

Details of any medical condition requiring medical treatment _____

Details of any special requirements (diets, allergies, access needs, religious requirements) _____

Any additional information _____

Where did you hear about us _____

Declaration: I have read the information provided by the Out of School Hours' Provision and would like my child to participate.

Signed: _____

Name (print): _____ Date: _____

Monitoring Form: Ethnic Origin

Please indicate your ethnic origin by ticking one of the five broad divisions shown below:

<p>White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p>Any other White background (please specify below)</p>	<p>Black or Black British</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p>Any other Black background (please specify below)</p>
<p>Asian or Asian British</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p>Any other Asian background (please specify below)</p>	<p>Dual or Multiple Heritage</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p>Any other dual or multiple heritage background (please specify below)</p>
<p>Chinese or Other Ethnic Group</p> <p><input type="checkbox"/> Chinese</p>	<p>Any other ethnic background (please specify)</p> <p><input type="checkbox"/></p>

Disability

Do you consider yourself to have a disability as defined in the Disability Discrimination Act 1995. The Act defines disability as: “a physical or mental impairment which has substantial and long-term effect on a person’s ability to carry out normal day to day activities”.

YES NO

Refugee or Asylum Seeker

YES NO

Receives Free School Dinner

YES NO

Gender

FEMALE MALE

Monitoring Religion/Belief

Christian Sikh Buddhist Muslim Hindu None Jewish Any other

Thank you for completing this form.