



Totterdown Children's Community Workshop
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 Bristol E: tccw@hotmail.co.uk
 BS4 2AG W: www.tccw.org.uk

OFSTED Reg: 107091
 Registered Charity No: 278840

Child Registration Form

This form must be completed by someone with parental responsibility.

Child's Full Name:	Date of Birth:
	School & Class:
Male/Female (please circle)	
Name of Main Carer (where the child normally lives): Relationship to child: Home Address: Postcode: Email:	Name of Other Main Carer: Relationship to child: Home Address(if different): Postcode: Email:
Daytime Phone No: Mobile:	Daytime Phone No: Mobile:
Name of Other Parents/Carers: Relationship to Child: Home Address Tel:	
Please let the setting know if your child is subject to any particular care arrangements or court orders, so we can support your child in the setting	
Other Emergency Contacts	
Name: Relationship:	Phone Number:
Name: Relationship:	Phone Number:
Name and telephone number of all people who will normally collect your child from the setting:	

Medical Details																															
Doctor's Name: Phone No:		Doctor's Address:																													
Please give details of any medical conditions/issues (<i>If your child needs prescribed medication you will need to complete a medical care plan/consent before attending the club</i>)																															
Is your child allergic to anything: Yes / No (if so please give details)																															
Please give details of anything your child cannot / does not eat:																															
Please give details of any other information about your child that we should know (eg. emotional or behavioural concerns etc.)																															
Do you consider your child to have a disability?																															
Is there any thing we could provide to help your child feel more welcome?																															
<table border="0"> <tr> <td>Ethnic Origin:</td> <td colspan="3">(please circle)</td> </tr> <tr> <td>White</td> <td>Dual Heritage</td> <td>Asian</td> <td>Black</td> </tr> <tr> <td>British</td> <td>White/Caribbean</td> <td>Indian</td> <td>Caribbean</td> </tr> <tr> <td>Irish</td> <td>White/African</td> <td>Pakistani</td> <td>African</td> </tr> <tr> <td>Traveller</td> <td>White/Asian</td> <td>Bangladeshi</td> <td>Other</td> </tr> <tr> <td>Gypsy/Roma Other</td> <td>Other</td> <td>Other</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Chinese</td> </tr> </table>				Ethnic Origin:	(please circle)			White	Dual Heritage	Asian	Black	British	White/Caribbean	Indian	Caribbean	Irish	White/African	Pakistani	African	Traveller	White/Asian	Bangladeshi	Other	Gypsy/Roma Other	Other	Other					Chinese
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Child's First Language: Are there any issues relating to your child's ethnicity, culture, language, religion etc. that you wish the setting staff to be aware of?																															
Does you child live in a household with one parent/carer? Yes/No If applicable, please name which carer;																															
Do you give permission for photographs/film to be taken of your child (for staff record and possibly publicity purposes only)? Yes / No																															

Do you give permission for your child to go on a local outing and take part in organised activities both inside and outside of workshop? **Yes / No**

(Additional consent will be requested for supervised day trips)

Videos and films, a games console and PC's are available at workshop for children's use. Videos of universal and parental guidance (PG) ratings are shown. Are you happy for your child to view these? **Yes/No**

Time on games consoles and PC's is monitored and the console is not used every day. All games are checked for suitability and a list of games is available at workshop. Are you happy for your child to use the PC and games console? **Yes/No**

Please read the following statements carefully and sign the acceptance below;

- I accept that: I will abide by the rules of the setting and I will pay the said fees when they fall due.
- Neither the setting nor any staff can accept responsibility for my child's possessions or valuables whilst attending the setting.
- If for any reason my child will not be attending the setting, I will let the setting know in advance. I accept that fees will still be payable unless otherwise agreed, and an additional fee will be charged.
- Setting staff will not release my child to any persons other than those named overleaf unless previously arranged by me.
- My children will be collected by the agreed time otherwise I will be liable for extra charges.
- I consent to my child receiving medical treatment in the event of an emergency from an appropriately qualified person or persons.

Signed:

Date:

Skills Audit

Please return this form when you register

We request that parent volunteer at least 2 hours of their time per year to help workshop run effectively and keep costs to a minimum.

You could for example:

- Volunteer to be on the management committee
- Run an music/cookery/whatever you skill is session for the children
- Do some odd jobs/DIY around the building
- Help us update the website or with publicity generally.
- Use the skills gained in your work i.e.; fundraising, PR, marketing, legal help - it all helps!

Please let us know:

Name.....

WHAT you could do to help.....

WHEN is the best time for you to help.....

HOW you would prefer us to contact you.....

Thankyou! By completing and returning this form you are helping workshop to continue to provide a high quality, affordable and fun service.