

## CHILD REGISTRATION AND ENROLMENT FORM

### \*\*Active Starz\*\*

Multi-sport Wraparound Sessions for Primary School Children

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### ## CHILD DETAILS

\*\*Child's Full Name:\*\* \_\_\_\_\_

\*\*Date of Birth:\*\* \_\_\_\_\_ \*\*Age:\*\* \_\_\_\_\_ \*\*Year Group:\*\* \_\_\_\_\_

\*\*School:\*\* \_\_\_\_\_

\*\*Home Address:\*\*  
\_\_\_\_\_

\*\*Postcode:\*\* \_\_\_\_\_

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### ## PARENT/CARER DETAILS

#### ### Primary Contact

\*\*Full Name:\*\* \_\_\_\_\_

\*\*Relationship to Child:\*\*  Mother  Father  Guardian  Other: \_\_\_\_\_

\*\*Contact Number:\*\* \_\_\_\_\_

\*\*Email Address:\*\* \_\_\_\_\_

\*\*Home Address (if different from child's):\*\*  
\_\_\_\_\_

\*\*Postcode:\*\* \_\_\_\_\_

#### ### Secondary Emergency Contact

\*\*Full Name:\*\* \_\_\_\_\_

\*\*Relationship to Child:\*\* \_\_\_\_\_

\*\*Contact Number:\*\* \_\_\_\_\_



**\*\*Email Address:\*\*** \_\_\_\_\_

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## **## EMERGENCY CONTACTS**

**\*\*In case we cannot reach the primary contact, please provide additional emergency contacts:\*\***

### **### Emergency Contact 1**

**\*\*Full Name:\*\*** \_\_\_\_\_

**\*\*Relationship to Child:\*\*** \_\_\_\_\_

**\*\*Contact Number:\*\*** \_\_\_\_\_

**\*\*Can collect child:\*\***  Yes  No

### **### Emergency Contact 2**

**\*\*Full Name:\*\*** \_\_\_\_\_

**\*\*Relationship to Child:\*\*** \_\_\_\_\_

**\*\*Contact Number:\*\*** \_\_\_\_\_

**\*\*Can collect child:\*\***  Yes  No

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## **## MEDICAL INFORMATION**

**\*\*Does your child have any medical conditions we should be aware of?\*\***

No  Yes (please specify):

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**\*\*Is your child currently taking any medication?\*\***

No  Yes (please specify and how to administer):

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**\*\*Does your child have any allergies?\*\***

No  Yes (please specify):

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**\*\*Allergies to food:\*\***  Yes  No If yes, which foods?

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**\*\*Allergies to substances:\*\***  Yes  No If yes, which substances?

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**\*\*Does your child have any injuries or physical limitations we should know about?\*\***

No  Yes (please specify):

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**\*\*Does your child have asthma?\*\***

No  Yes  Has inhaler with them  Inhaler at school

**\*\*Does your child have epilepsy or seizures?\*\***

No  Yes (please specify):

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**\*\*GP Details:\*\***

**\*\*GP Name:\*\*** \_\_\_\_\_

**\*\*GP Surgery:\*\*** \_\_\_\_\_

**\*\*Contact Number:\*\*** \_\_\_\_\_

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## **## DIETARY REQUIREMENTS**

**\*\*Does your child have any dietary requirements or preferences we should know about?\*\***

No specific requirements

Vegetarian

Vegan

Halal

Kosher

Food allergies (specified above)

Other (please specify):

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**\*\*Additional notes:\*\***

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## **## SPECIAL EDUCATIONAL NEEDS AND DISABILITY**

**\*\*Does your child have any special educational needs or disability?\*\***

No

Yes (please specify):

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**\*\*Is your child currently receiving any support at school?\*\* (e.g. SENCO, Educational Psychologist, Speech and Language Therapy)**

No  Yes (please specify):

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**\*\*How can we best support your child?\*\***

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## **## BEHAVIOUR AND WELLBEING**

**\*\*Are there any behavioural concerns or triggers we should be aware of?\*\***

No

Yes (please specify):

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**\*\*Has your child experienced any significant life events or changes recently?\*\* (e.g. bereavement, parental separation, new sibling, house move)**

No

Yes (please specify):

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**\*\*Does your child have any anxieties or fears we should be aware of?\*\***



**No**

**Yes (please specify):**

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**\*\*Any other information about your child's wellbeing?\*\***

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## **## SESSIONS AND PAYMENT**

**\*\*Which sessions would you like to register for?\*\***

- After-school sessions (Monday-Friday)**
- Holiday club sessions**
- Specific days: Which days?** \_\_\_\_\_

**\*\*Payment Method:\*\***

- Monthly standing order (preferred)**
- Half-termly payment**
- Termly payment**
- Other (please specify):** \_\_\_\_\_

**\*\*Billing Address (if different from above):\*\***

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**\*\*Email for invoices:\*\*** \_\_\_\_\_

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## **## PERMISSIONS AND CONSENT**

**\*\*I give permission for my child to participate in multi-sport activities including:\*\***

- Running and cardio activities**
- Ball sports (football, basketball, netball, etc.)**
- Racket sports (badminton, tennis, etc.)**
- Team games and competitive activities**
- Activities involving modest heights or equipment**
- Water-based activities if offered**
- Other activities as planned by Active Starz**

**\*\*Signed:\*\*** \_\_\_\_\_ **\*\*Date:\*\*** \_\_\_\_\_

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## ## PHOTOGRAPHY AND VIDEO CONSENT

**\*\*I give permission for Active Starz to take photographs/video of my child for:\*\***

- Progress records and learning documentation**
- Website and social media marketing (if yes, is it okay to use child's name?  Yes  No)**
- Internal use only (newsletters, displays)**
- I do NOT give permission for photographs or video**

**\*\*If permission given, please note:\*\***

- Images will be stored securely**
- Images will be removed when child leaves Active Starz**
- Images will not be shared with third parties**
- Images will only be used for Active Starz purposes**

**\*\*Signed:\*\*** \_\_\_\_\_ **\*\*Date:\*\*** \_\_\_\_\_

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## ## EMERGENCY MEDICAL TREATMENT CONSENT

**\*\*In the event of a medical emergency where I cannot be contacted, I authorise Active Starz staff to:\*\***

- Call an ambulance**
- Seek emergency medical treatment**
- Administer first aid**
- Contact my child's GP**

**\*\*Signed:\*\*** \_\_\_\_\_ **\*\*Date:\*\*** \_\_\_\_\_

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## ## COLLECTION ARRANGEMENTS

**\*\*Who is authorised to collect my child?\*\* (Names and relationship)**

- 1.** \_\_\_\_\_
- 2.** \_\_\_\_\_
- 3.** \_\_\_\_\_

**\*\*Please provide a password or code word\*\* (staff will ask for this at collection to verify identity):**



**Password/Code:** \_\_\_\_\_

**\*\*Late Collection Procedures:\*\***

**In case of late collection, we will:**

1. Contact the primary contact
2. Contact emergency contacts
3. Contact the school
4. If unable to reach anyone after 30 minutes, contact Children's Services

**\*\*I understand these procedures:\*\***  Yes

**\*\*Signed:\*\*** \_\_\_\_\_ **\*\*Date:\*\*** \_\_\_\_\_

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**## DATA PROTECTION AND PRIVACY**

**I have read the Privacy Notice and understand how my child's information will be used and stored in accordance with GDPR and Data Protection Act 2018.**

**\*\*Signed:\*\*** \_\_\_\_\_ **\*\*Date:\*\*** \_\_\_\_\_

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**## ADDITIONAL INFORMATION**

**\*\*Is there any other information we should know about your child to help us provide the best possible care?\*\***

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**## POLICY ACKNOWLEDGEMENTS**

**I confirm I have received and read the following policies:**

- Safeguarding and Child Protection Policy**
- Code of Conduct**
- Anti-Bullying Policy**
- Complaints Procedure**



- Health and Safety Policy**
- Fees and Payment Policy**

**\*\*Signed:\*\*** \_\_\_\_\_ **\*\*Date:\*\*** \_\_\_\_\_

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#### **## DECLARATION**

I confirm that the information provided on this form is accurate and complete. I understand that any false or misleading information may result in termination of my child's participation in Active Starz sessions.

I have read and understood all Active Starz policies and procedures and agree to ensure my child complies with them.

**\*\*Parent/Carer Name (print):\*\*** \_\_\_\_\_

**\*\*Parent/Carer Signature:\*\*** \_\_\_\_\_

**\*\*Date:\*\*** \_\_\_\_\_

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#### **## ACTIVE STARZ USE ONLY**

**\*\*Registration Number:\*\*** \_\_\_\_\_

**\*\*Date Registered:\*\*** \_\_\_\_\_

**\*\*Registered by (staff member):\*\*** \_\_\_\_\_

**\*\*DBS Check Status:\*\***  **Verified**  **In Progress**  **Not Required**

**\*\*Consent Forms Received:\*\***  **Yes**  **No**

**\*\*All Information Complete:\*\***  **Yes**  **No**

**\*\*File Created:\*\***  **Yes** **\*\*Date:\*\*** \_\_\_\_\_

**\*\*Notes:\*\*** \_\_\_\_\_