

## Playscheme Registration Form

*Please complete this form. All children who attend must be registered with the Playscheme. Children remain at the playscheme until collected by a named adult.*

Child's Name(Full) .....

Name to be called .....

Address .....

.....

..... Post Code .....

Date of Birth ..... Age .....

What is the ethnic origin of your child?  
(This information is required to help monitor the Playscheme's Equal Opportunities Policy)

Does your child have any Cultural, Religious or Special needs? .....

Parent's/Guardians Names: .....

Address .....

.....

..... Post Code .....

Telephone Numbers: Daytime: ..... Evening .....  
(Please give both parents numbers if appropriate)

Name by which parent is known at work: .....

Do you wish your child to make his/her way home from the centre without being accompanied by an adult  
YES/NO

If NO, please give the name & address of person collecting child from the playscheme **if different from above** (children will only be allowed to leave with named person).

Name .....

Address .....

..... Post Code .....

Telephone numbers: Daytime..... Evening .....

**Details of SECOND contact other than collector who may be able to collect the child in an EMERGENCY**

**Name:** .....

**Address** .....

.....

..... **Post Code** .....

**Telephone Number:**

**I give permission for my child to be photographed/filmed for Dovecote Voluntary Parent Committee publicity, which includes being displayed on their website? I also agree for personal details to be shared with funders, including Catalyst Housing for monitoring and evaluation purposes when appropriate.**

**YES/NO**

**Signed**.....

**Date**.....

**Some of the routine activities of the Playscheme may involve visits or short trips off site. For your child to take part in these activities you must give your permission.**

**I agree to my child taking part in offsite activities**

**YES/NO**

**Signed**.....

**Date**.....

# Playscheme Consent Form

Child's Name(s) .....

I consent to any emergency treatment required during the Playscheme. I authorise the Play Leader to sign any consent required by the hospital authority if they delay in getting my signature is considered by the doctor to put my child's health and safety at risk:

**YES/NO**

**Child's Doctor** .....

Address: .....

..... Post Code.....

Telephone Number: .....

**Any known medical problems?** .....

**Any known allergies or major dislikes, i.e. orange juice, or materials or products i.e. face paints?**

.....

**Any other health matters the setting should be ware of?**

.....

**Name of Parent/Guardian giving consent to emergency treatment if required:**

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Address .....

..... Post Code .....

Telephone Number: .....

**Parent/Guardians Signature** ..... **Date** .....

I have read and understand the following policies, and hereby agree to adhere to the:

*Dovecote Play Policies & Procedures*

**Parent/Guardians Signature** ..... **Date** .....



***Dovecote Voluntary Parent Committee***

**C/o Dovecote Centre, Nightingale Avenue, Blackbird Leys, Oxford OX4 7BU**

**Telephone: 01865 712299 - Email [leysdvpc@hotmail.com](mailto:leysdvpc@hotmail.com)**

**Rachel Partlett Chairperson -, Amie Prior - Secretary, Jodie Clements - Treasurer**

The Dovecote Voluntary Parent Committee is committed to providing a 2 week (Easter) and four week (summer) playscheme along with providing staff with employment.

In order to fulfil this commitment there will be NO refund given on any fees paid.

*Only in exceptional circumstances will a refund be issued.*

I hereby agree to the above terms and conditions;

Signature .....

Date: .....