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| Youth Space **Autumn 1** Registration Form |
| Leyton FAMILY HUB – Wednesday 13th September 2023 – 18TH October 2023 |
| (Please ensure all sections of this form are completed where applicable)  **Please send completed forms to** [**treasuremekidslondon@gmail.com**](mailto:treasuremekidslondon@gmail.com) |

## **CHILD INFORMATION**

|  |  |  |
| --- | --- | --- |
| Family Name (Surname): | First Name: | Date of Birth:  Click or tap to enter a date. |
| First Line of Address: | | |
| Post code: | What school is your child attending (if any)? | |

## **PARENT/CARER INFORMATION**

|  |  |  |
| --- | --- | --- |
| Parent/Carer 1: | Telephone number: | Email: |
| Parent/Carer 2: | Telephone number: | Email: |
| Emergency contact: | | |

## **ADDITIONAL INFORMATION**

|  |  |
| --- | --- |
| Does your child have any medical needs?  Y  N | If yes, please provide details: |
| Does your child have any special/additional needs?  Y  N | If yes, please provide details: |
| **Please be aware that if your child requires medication to be held at the Youth Space it is the Parent/Carer’s responsibility to ensure this is provided. If you wish to have a First Aid trained member of staff administer medication at any time your child is attending the Youth Space, the consent form on page 4 must be completed.** | |

## **DIETARY REQUIREMENTS**

|  |  |
| --- | --- |
| Please indicate if your child has any special dietary requirements due to allergies, cultural or religious beliefs |  |

## **SESSION DATES**

**(Please indicate which dates your child will be attending)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dates: | | | | | |
| Wednesday 13th September 2023 |  | Wednesday 20th September 2023 |  | Wednesday 27th September 2023 |  |
| Wednesday 4th October 2023 |  | Wednesday 11th October 2023 |  | Wednesday 18th October 2023 |  |
|  |  |  |  |  |  |

## **COLLECTION ARRANGEMENTS**

|  |  |
| --- | --- |
| **Drop off:** | |
| My child can walk to the Centre OR |  |
| My child will be dropped off |  |
| **Collection:** | |
| My child can walk home from the Centre OR |  |
| My child will be collected from the centre by  **(Should this arrangement change, I will inform the Youth Space leader)** |  |
| **Parents will be expected to pick up by 6:30pm** | |

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| Do you give consent for London Borough of Waltham Forest to take and use pictures? | Y  N |

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| **WE REQUIRE THE ABOVE INFORMATION TO ENABLE US TO ASSESS YOUR INDIVIDUAL NEEDS AND REQUIREMENTS, AND TO DELIVER OUR SERVICE IN ACCORDANCE WITH OUR STATUTORY OBLIGATIONS. YOU CAN REFUSE TO PROVIDE YOUR DETAILS IF YOU DEEM THIS REQUEST TO BE INAPPROPRIATE. HOWEVER, WE MAY NOT BE ABLE TO OFFER THE SUPPORT WITHOUT THE ABILITY TO PROCESS AND SHARE YOUR DATA WITH OUR PARTNERS, PROVIDERS AND FUNDERS. DATA WILL ONLY BE SHARED ON A “NEED TO SHARE BASIS” IN COMPLIANCE WITH GDPR REQUIREMENTS AND GUIDELINES.**  **To view details about how we process your data, who we will share it with and why, you can view our** [**privacy notice**](https://www.walthamforest.gov.uk/content/early-help-0-18-and-children-and-family-centres-privacy-notice)**.** | |
| **I give consent for my child’s data to be processed and shared, and to engage in and participate on activities/support that will be offered by the London Borough of Waltham Forest Youth Space.**  **I will encourage my child to attend the space and its activities and adhere to the rules of the club. If my child is unable to attend the space or activities, I will contact the session leaders to inform them that my child will be unable to attend as soon as I am aware.** | |
| PRINT NAME: | SIGNED: |
| RELATIONSHIP TO CHILD: | DATE:  Click or tap to enter a date. |

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| DIVERSITY MONITORING |

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| **Ethnicity** | **Child** | **Parent/Carer 1** | **Parent/Carer 2 (if applicable)** |
| White British |  |  |  |
| White Irish |  |  |  |
| Any other white |  |  |  |
| Black British |  |  |  |
| Black/ Black British African |  |  |  |
| Black/ Black British Caribbean |  |  |  |
| Any other Black Background |  |  |  |
| Mixed- White & Asian |  |  |  |
| Mixed- White & Black African |  |  |  |
| Mixed- White/ Black Caribbean |  |  |  |
| Any other Mixed Background |  |  |  |
| Asian/Asian British Bangladeshi |  |  |  |
| Asian/Asian British Indian |  |  |  |
| Asian/Asian British Pakistani |  |  |  |
| Any other Asian |  |  |  |
| Any other ethnic group |  |  |  |
| Do not wish to state |  |  |  |

|  |  |
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| Administration of Medication Consent Form | |
| **PLEASE ONLY FILL IN THIS CONSENT FORM IF YOU WISH FOR A TRAINED FIRST AIDER TO ADMINSTER MEDICATION FOR YOUR CHILD** | |
| **MEDICINES MUST NOT USUALLY BE ADMINISTERED UNLESS THEY HAVE BEEN PRESCRIBED FOR A CHILD BY A DOCTOR, DENTIST, NURSE, OR PHARMACIST. THE YOUTH SPACE STAFF WILL NOT ADMINISTER ANY MEDICATION UNLESS THIS FORM IS COMPLETED AND SIGNED** | |
| **CHILD’S FULL NAME:** | **DATE OF BIRTH:**  Click or tap here to enter text. |
| **NAME OF MEDICINE:** | **TYPE OF MEDICATION:**  PRESCRIPTION  OVER THE COUNTER |
| **DETAILS OF ADMINISTRATION:** | |
| **When should this medicine be administered?**  Time of day OR Specific circumstances in which it should be administered – describe in full |  |
| **Dose** |  |
| **How should it be administered?**  Give full details of exactly how it should be given. |  |
| **End date**  The last date it should be given? OR Expiry date if over the counter |  |
| **Side effects to look out for** |  |
| **Any other instructions or notes** |  |
| **Name of GP:** | **Name and address of GP practice or clinic:** |
| **PLEASE SIGN YOUR CONSENT TO MEDICATION BEING ADMINISTERED BY A TRAINED FIRST AIDER AT THE YOUTH SPACE. I CONFIRM THAT:** | |
| I was directed to use this medicine for my child by a qualified pharmacist, doctor, nurse, or dentist.  I have administered this medicine to my child before with no adverse effects.  I know the expiry date of the medicine I have provided and will provide a replacement before that date  This medicine does not contain aspirin. | |
| PRINT NAME: | SIGNED: |
| RELATIONSHIP TO CHILD: | DATE:  Click or tap to enter a date. |