



ACTIVE KIDZ REGISTRATION FORM



ACTIVE NATION

Name of setting: White Horse Leisure and Tennis Centre – Active Kidz Today's Date: Details of 2nd parent/carer

Child's full name: 2. Name of parent/carer: Relationship to child:.....

Name used, if different from above nicknames):..... Address (if different from child's address above):

Main language used: Date of Birth:...../...../.....

Home address: Home Tel (if different to above).....

..... Place of work: Tel: Email:

Tel: Email:..... Please circle which parent the child normally lives with: MUM DAD MUM & DAD

1. Name of parent/carer: Relationship to child:..... Other please specify.....

Address (if different from child's address above): Alternative emergency contact:

..... Relationship to child:.....

Home Tel (if different to above)..... Any cultural or religious observances that should be taken into account when caring for the child (e.g. diet, dress, and religious holidays)

Place of work: Tel: Email:

.....

CENTRE OPENING TIMES

Monday - Saturday 6.30am - 10.30pm
The pool closes at 6pm on Saturday

Sunday 7.00am - 10.30pm

CRÈCHE OPENING TIMES

Monday - Friday 9.00am - 4.00pm

Saturday 9.30am - 12.30pm

WWW.ACTIVENATION.ORG.UK

Managed on behalf of
Vale of White Horse District
Council by Active Nation





ACTIVE KIDZ REGISTRATION FORM



ACTIVE NATION

Child's Doctor: Tel:.....

Doctor's address:

Any health matters the setting should be aware of: (i.e specific dietary requirements or allergies)

Please note information regarding medication is recorded separately on each visit.

I give permission for staff at the setting to seek any necessary emergency medical advice or treatment for my child (named overleaf).

Signed: Date:

Special Educational Needs Status: (please tick one option and use the space below for more information)

- No Special Educational Need
- Early Years Action/School Plan
- Early years Action Plus/School Action Plus Statement

Additional Information.....

I have seen the Ofsted Registration Certificate of: The White Horse Leisure and Tennis Centre.

I have been given a copy of the childcare provider's complaints procedure, which includes an address and telephone number for Ofsted.

Signed: Date:

Parent/carer of: (child's name)

I consent to the occasional observations being carried out on my child to evaluate the effectiveness of the activities, planning and my child's development within the setting.

Signed: Date:

We use a password system, please write here:.....

Please note we will only ever release your child into the care of the person recorded as collecting on the signing in sheet, unless it's an emergency.

Signed: Date:

CENTRE OPENING TIMES

Monday - Saturday 6.30am - 10.30pm
 The pool closes at 6pm on Saturday

Sunday 7.00am - 10.30pm

CRÈCHE OPENING TIMES

Monday - Friday 9.00am - 4.00pm

Saturday 9.30am - 12.30pm

WWW.ACTIVENATION.ORG.UK

Managed on behalf of
Vale of White Horse District
Council by Active Nation

