



Contact Record

Name of lead child:	
School Attended:	
Home Address:	
Postcode:	

Please complete and return to:

Let Us Play, 7 Shaw Park Business Village, Shaw Road, Wolverhampton WV10 9LE or
Claire@lupwolverhampton.org.uk

Name of 1 st parent/carer:			
Email address:			
Emergency Contact name: Telephone number:	Home	Mobile	Work
	Home	Mobile	Work
Emergency Contact number:			
Name of 2 nd parent/carer: (if applicable)			
Email address:			
Telephone number:	Home	Mobile	Work

If you regularly use e-mail, and would be happy to receive the Let Us Play correspondence electronically, instead of by post, please tick this box.	
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Child Record Form

Please give details of **all children** who will be attending Let Us Play activities.

Name of lead child:		Date of Birth:		Male / Female (Please circle)
Please give details of any special needs, disabilities, health problems, or allergies, or anything else you think we should know:				
Ethnic Classification of child or young person (please tick)				
White British	Caribbean	White and Black Caribbean	Indian	Chinese
White Irish	African	White and Black African	Pakistani	Other ethnic group
White Other	Black British	White and Asian	Bangladeshi	Traveller
	Other Black	Other / Mixed	British Asian	Asylum Seeker
			Other Asian	Prefer not to say

2 nd child / young person's name:		Date of Birth:		Male / Female (Please circle)
Please give details of any special needs, disabilities, health problems, or allergies, or anything else you think we should know:				
Ethnic Classification of child or young person (please tick)				
White British	Caribbean	White and Black Caribbean	Indian	Chinese
Irish	African	White and Black African	Pakistani	Other ethnic group
Other	Black British	White and Asian	Bangladeshi	Traveller
	Other Black	Other / Mixed	British Asian	Asylum Seeker
			Other Asian	Prefer not to say

3 rd child / young person's name:		Date of Birth:		Male / Female (Please circle)
Please give details of any special needs, disabilities, health problems, or allergies, or anything else you think we should know:				
Ethnic Classification of child or young person (please tick)				
<input type="checkbox"/> White British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese
<input type="checkbox"/> White Irish	<input type="checkbox"/> African	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other ethnic group
<input type="checkbox"/> White Other	<input type="checkbox"/> Black British	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Traveller
<input type="checkbox"/>	<input type="checkbox"/> Other Black	<input type="checkbox"/> Other / Mixed	<input type="checkbox"/> British Asian	<input type="checkbox"/> Asylum Seeker
<input type="checkbox"/>			<input type="checkbox"/> Other Asian	<input type="checkbox"/> Prefer not to say

Other Siblings:

Siblings name:		Date of birth:	
Siblings name:		Date of birth:	

Data Protection

Let Us Play will never share your information with any third party without your written permission.

Photo Permission Consent

From time to time, funders ask us to provide photographs from activities, as evidence that the activity did actually take place. It would also be nice to celebrate some of our children's achievements by featuring them in the newsletter. To comply with the Data Protection Act 1998, we need permission before we can take photographs of your child.

No personal information and/or identification of any child other than their first name will ever be displayed with a child's photograph. Consent given on this membership form will be valid for one year, but can be withdrawn at any time if you contact the Let Us Play office. We would **always** contact parents before allowing photographs of children to be used in any kind of publicity or in the press.

Please indicate below if you are happy for you child or children's photos to be used in the following ways;

- To evidence to our funders our activities and these funders may reuse these images to promote their good works.
- To be used as part of informational displays about Let Us Play.
- To be used in the Let Us Play newsletter, By Headstart, website and on our social media pages, (Facebook and Twitter).

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Signature

Signed: _____

Print name: _____

Date: _____

The trustees of Let Us Play reserve the right to withdraw allocated places at **anytime**, if we feel that our charities generosity or staff are being abused or allocated sessions are being routinely missed.

Let Us Play has a no tolerance policy for abusive behaviour to our staff, trustees and attendees.

We have available policies regarding safeguarding, equal opportunities, How to complain or say thank you and all other appropriate policies which are available electronically on request.

Contact forms must be reviewed every 12 months.