

## **Kidzone CONNECT Registration Form 2017**

### **Child's Details**

Child's Name: \_\_\_\_\_ Male/Female

D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

School & Year: \_\_\_\_\_

Do they have one to one support in school? YES/NO

### **Parent/Guardian**

Name of parent/guardian: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Emergency Contact(s) Name & Number:* \_\_\_\_\_

### **Medical Details**

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Independent Toileting: YES/NO

Additional Medical Needs & Allergies: \_\_\_\_\_

**Please tell us more to help us best meet your child's needs:**

My favourite things: \_\_\_\_\_

Things I don't like: \_\_\_\_\_

Strategies that help me: \_\_\_\_\_

I am working this: \_\_\_\_\_

Other: \_\_\_\_\_

### **And finally...**

I give permission for my child to attend 'Connect' at Scrabo Hall & I understand that my child's contact details will be kept confidential.  
YES/NO

I would like to be contacted about similar events in the future. YES/NO

In the unlikely event of illness/accident I give permission for appropriate first aid to be given. YES/NO

I give permission for my child's photograph to be taken. YES/NO

Signed: \_\_\_\_\_

Parent / Guardian Print Name: \_\_\_\_\_

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

Please return this form to [jonathan@scrabo.org](mailto:jonathan@scrabo.org) or via post to FAO Heather Phillips, Scrabo Hall, 143-161 Mill Street, Newtownards, BT23 4LN