



We are delighted that you are registering your child for Whizkid Wonderland Holiday Camp! To ensure we can provide the best care and support for your child, please complete this form with as much detail as possible.

## Child Information

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_

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

## School Information

Name of School: \_\_\_\_\_

School Address:

School Contact Number:

Does your child have an **Educational Health Care Plan (EHCP)**? YES / NO

Does your child have an **Individual Behaviour Plan (IBP)**? YES / NO

If yes, please provide a copy with this application and specify any key details below:

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## **Emergency Contact Information**

Name of Emergency Contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## **Medical and Additional Needs Information**

Does your child have a diagnosed condition or disability? YES / NO

If yes, please provide details (e.g., autism, ADHD, asthma, epilepsy, etc.):

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Does your child have any allergies (food, medication, etc.)? YES / NO

If yes, please list and provide details of the allergic reaction:

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Does your child require any regular medication? YES / NO

If yes, please provide details, including dosage, timing, and storage instructions:

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Does your child have specific needs we should be aware of (e.g., sensory sensitivities, communication aids, mobility challenges)? YES / NO

If yes, please describe: \_\_\_\_\_

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Are there any behavioural strategies or approaches that work well for your child?

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### **Local Authority Involvement**

Is your child known to social services? YES / NO

Is your child a looked-after child (LAC)? YES / NO

Is your child on a Child in Need (CIN) Plan or Child Protection (CP) Plan? YES / NO

If yes, please provide details:

Social Worker's Name: \_\_\_\_\_

Social Worker's Contact Number: \_\_\_\_\_

Social Worker's Email: \_\_\_\_\_

### **Additional Information**

Does your child have specific dietary requirements (e.g., vegetarian, halal, gluten-free)? YES / NO

If yes, please specify: \_\_\_\_\_

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Is there any additional information or special instructions that would help us support your child? \_\_\_\_\_

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### **Consent and Agreement**

I confirm that the information provided in this form is accurate to the best of my knowledge.

I agree to inform Whizkid Wonderland Holiday Camp immediately if there are any changes to this information.

Signature of Parent/Guardian: \_\_\_\_\_

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

