



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:



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.):

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

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

Does your child require any regular medication? YES / NO

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

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: _____

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



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: _____

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

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: _____

