

REGISTRATION FORM 2019

(Please note, this is a two sided document)



CHILDS NAME:	
MALE/FEMALE:	HOME ADDRESS:
DATE OF BIRTH:	
ETHNIC ORIGIN:	
SCHOOL/COLLEGE:	
DOCTORS SURGERY & CONTACT NUMBER:	

PARENT/CARER CONTACT DETAILS: (Name, Contact Number & email)	
1.	2.
Email:	Email:
EMERGENCY CONTACT: (Name & Number)	

THE FOLLOWING QUESTIONS REFER TO THE CHILD NAMED ABOVE	YES	NO
1. Do you have a diagnosis? e.g. Autism, ADHD etc		
2. Do you have challenging behaviour?		
3. Can you get aggressive?		
4. Do you wander off and/or show little sense of danger?		
5. Do you require medication?		
6. Do you have Epilepsy?		
7. Do you have any allergies?		
8. Do you need help with toileting?		
9. Do you need assistance with feeding? e.g. tube feeding		
10. Do you have a special diet?		
11. Do you need assistance with mobility?		
12. Do you have hearing or sight problems?		
13. Do you have a medical condition? e.g. Asthma or a heart condition		
14. Do you have any problems communicating?		

If you have answered "YES" to any of the above questions, please add additional information on the back of the Registration Form. Also include a list of any medication that we will need to administer whilst your child is in our care and a brief outline of any likes/dislikes, things to avoid, things to focus on that will help your son/daughter have the best time possible.

Please continue on a separate sheet if necessary and/or send any additional information that you feel is relevant to your child. For example, this could include any recent Epilepsy Protocol.

Once complete, return this form and any attachments to info@snipshinckley.com or SNIPS, Westfield Community Centre, Rosemary Way, Hinckley, Leicestershire, LE10 0LN. If you have any questions and/or require any assistance completing this form, please call the office on 01455 630 834.

Additional information: *(in relation to questions 1 to 14 on the front of the form.)*

Please list any medication that we will need to administer whilst your child is in our care: *(Please include information about inhalers, EpiPen or similar.)*

Please provide a brief outline of your son/daughter:

Continue on a separate sheet if necessary.



CHILD'S NAME:

Transport required?

Are there any other schemes that your child will be attending this summer?

Please number all the dates, in order of preference (1 = most wanted, 8 = least wanted) that you would like your child to attend.

EAGLE SCHEME (13-17yrs)

Venue: Hinckley Academy

Monday 15 July	<input type="checkbox"/>
Wednesday 17 July	<input type="checkbox"/>
Monday 22 July	<input type="checkbox"/>
Wednesday 24 July	<input type="checkbox"/>
Monday 29 July	<input type="checkbox"/>
Wednesday 31 July	<input type="checkbox"/>
Monday 5 August	<input type="checkbox"/>
Wednesday 7 August	<input type="checkbox"/>

FALCON SCHEME (8-12yrs)

Venue: Hinckley Academy

Tuesday 16 July	<input type="checkbox"/>
Thursday 18 July	<input type="checkbox"/>
Tuesday 23 July	<input type="checkbox"/>
Thursday 25 July	<input type="checkbox"/>
Tuesday 30 July	<input type="checkbox"/>
Thursday 1 August	<input type="checkbox"/>
Tuesday 6 August	<input type="checkbox"/>
Thursday 8 August	<input type="checkbox"/>

ALLSORTZ SCHEME (3-7yrs)

Venue: Hinckley Academy

Monday 22 July	<input type="checkbox"/>
Tuesday 23 July	<input type="checkbox"/>
Wednesday 24 July	<input type="checkbox"/>
Thursday 25 July	<input type="checkbox"/>
Monday 29 July	<input type="checkbox"/>
Tuesday 30 July	<input type="checkbox"/>
Wednesday 31 July	<input type="checkbox"/>
Thursday 1 August	<input type="checkbox"/>

PLEASE RETURN THIS AND
YOUR REGISTRATION FORM TO
SNIPS, EITHER BY EMAIL OR TO
THE OFFICE

Email: info@snipshinckley.com

Web: www.snipshinckley.com

Office: Westfield Community
Centre, Rosemary Way,
Hinckley, Leics, LE10 0LN.