Community Link Childcare Holiday Users Registration Document

Club Attending:		
(Please insert name of club attending)		
Child's Name:	Date of Birth	~
Male/Female	Age (at registration)	
Ethnic Origin	Family Doctor (Name & Address)	

Medical Details	Dietary Details	Special Needs or Circumstances
Please list use of any medicines or any other medical considerations below.	Please list any allergies, special dietary needs or dislikes below.	Please make a list of any special needs or considerations below. Examples may include- English as an additional language, ADHD, Epilepsy, Diabetes, Asbergers, Physical or Sensory needs, Autism, Sensitive Social Circumstances. Other (please state)
Refer in first instance to Administration of Medicines Policy and Permission Slips/Logs as require	Transfer to dietary chart in the first instance	Refer to Additional Support Needs Assessment Forms which must be completed before childcare place is given. This will not affect your placement, but it may be delayed if additional training, resources or staff need to be sourced.

1st Contact Parent/Carer:	Home Tel
Address:	Work Tel: Mobile:
2 nd Contact	Tel:
3rd Contact	Tel:

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