

Let Us Play



Child Contact Record and Membership Form

Name of lead child:	
School Attended:	
Address:	
Postcode:	

Please complete and return to:

Let Us Play, 5 Shaw Park Business Village, Shaw Road, Wolverhampton WV10 9LE

Name of 1 st parent/carer:			
Email address:			
Telephone number:	Home	Mobile	Work

Name of 2 nd parent/carer: (if applicable)			
Email address:			
Telephone number:	Home	Mobile	Work

If you regularly use e-mail, and would be happy to receive the Let Us Play newsletter electronically, instead of by post, please tick this box.	
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Emergency Contact name:			
Emergency Contact number:	Home	Mobile	Work
Relationship to child:			

Membership

	I would like to become a member of Let Us Play. I enclose a cheque for £10 made payable to Let Us Play (Wolverhampton).
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Please note that families who choose not to become members will be charged for activities.

Gift Aid

Membership subscriptions to charities are classed as donations. If you are a UK tax payer, we are able to reclaim the tax which has already been paid on your membership money. This means that your £10.00 membership donation is actually worth around £12.00. All membership details are considered to be confidential. If you are unsure about ticking the box please call the office or seek further advice from the HMRC website.

	Please treat my membership subscription, and any future subscriptions or donations made to Let Us Play as a Gift Aid donation.
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Signed: _____

Print name: _____

Child Record Form

Please give details of **all children** who attend Let Us Play activities.

Name of lead child:		Date of Birth:		Male / Female (Please circle)					
Please give details of any special needs, disabilities, health problems, or allergies, or anything else you think we should know:									
Ethnic Classification of child or young person (please tick)									
White British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	African	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Black British	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Traveller	<input type="checkbox"/>
	<input type="checkbox"/>	Other Black	<input type="checkbox"/>	Other / Mixed	<input type="checkbox"/>	British Asian	<input type="checkbox"/>	Asylum Seeker	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

2 nd child / young person's name:		Date of Birth:		Male / Female (Please circle)					
Please give details of any special needs, disabilities, health problems, or allergies, or anything else you think we should know:									
Ethnic Classification of child or young person (please tick)									
White British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Irish	<input type="checkbox"/>	African	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>
Other	<input type="checkbox"/>	Black British	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Traveller	<input type="checkbox"/>
	<input type="checkbox"/>	Other Black	<input type="checkbox"/>	Other / Mixed	<input type="checkbox"/>	British Asian	<input type="checkbox"/>	Asylum Seeker	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

3 rd child / young person's name:		Date of Birth:		Male / Female (Please circle)					
Please give details of any special needs, disabilities, health problems, or allergies, or anything else you think we should know:									
Ethnic Classification of child or young person (please tick)									
White British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	African	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Black British	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Traveller	<input type="checkbox"/>
	<input type="checkbox"/>	Other Black	<input type="checkbox"/>	Other / Mixed	<input type="checkbox"/>	British Asian	<input type="checkbox"/>	Asylum Seeker	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Other Siblings:

Siblings name:		Date of birth:	
Siblings name:		Date of birth:	
Siblings name:		Date of birth:	

Photo Permission

From time to time, funders ask us to provide photographs from activities, as evidence that the activity did actually take place. It would also be nice to celebrate some of our children's achievements by featuring them in the newsletter. To comply with the Data Protection Act 1998, we need permission before we can take photographs of your child.

No personal information and/or identification of any child other than their first name will ever be displayed with a child's photograph. Consent given on this membership form will be valid for one year, but can be withdrawn at any time if you contact the Let Us Play office. We would **always** contact parents before allowing photographs of children to be used in any kind of publicity or in the press.

Photo Permission Consent Form

Are you happy for staff to take photos of your children when participating in Let Us Play activities?

Yes		No	
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If yes, please indicate below if you are happy for your child or children's photos to be used in the following ways.

I agree to photographs of my child/children being shown to funders as evidence of the work that Let Us Play do.

Yes		No	
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I agree to photographs of my child/children being used as part of informational displays about Let Us Play.

Yes		No	
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I agree to photographs of my child/children being published in the Let Us Play newsletter, and used on the Let Us Play website at www.letusplay.org.uk

Yes		No	
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Signed: _____

Print name: _____

Date: _____