



KALEIDOSCOPE CHILDCARE
 Ackholt Road
 Aylesham, Kent
 CT3 3AS
 01304 842363
 kaleidoscope@hotmail.co.uk

KALEIDOSCOPE KIDS CLUB CHILD INFORMATION FORM

Please complete in full and return to us.

Childs name:	Click or tap to enter child's name.
Date of Birth:	Click or tap to enter a date.
Childs address:	Click or tap here to enter child's address.
Postcode:	Click or tap here to enter child's postcode.
Name of school child attends (required):	Click or tap here to enter child's school.
Confidential Password to be used upon collection of child:	Click or tap here to enter password.
Name of sibling(s) if any also attending:	Click or tap to add child's name(s).

PARENT / GUARDIAN / CARER INFORMATION	
Contact name 1: (required)	Click or tap to enter your name.
Relationship to child:	Click or tap to enter.
Contact telephone number:	Click or tap to enter your telephone number.
Email Address:	Click or tap to enter your email address.
Address: (please check box if same as child's address)	<input type="checkbox"/>
Postcode:	Click or tap to enter.

Contact name 2: (required)	Click or tap to enter your name.
Relationship to child:	Click or tap to enter.
Contact telephone number:	Click or tap to enter your telephone number.
Email Address:	Click or tap to enter your email address.
Address: (please check box if same as child's address)	<input type="checkbox"/>
Postcode:	Click or tap to enter.

OTHER INFORMATION REQUIRED:

ALLERGIES	(Please click or tap to enter your answers)			
Has your child ever had an allergic reaction to ANYTHING?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes please provide details:				
Is your child's Tetanus jab up to date?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

FOOD AND DRINK (ESPECIALLY FRUIT AND SNACKS)

Please tells us about your child's likes, dislikes and any special dietary requirements:	Click or tap to enter.
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ACTIVITIES

Please tells us what your child likes and dislikes doing and if there is anything that they are scared of?	Click or tap to enter.
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LANGUAGE

Is English your child's second language?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes please detail your child's first language:	Click or tap to enter.			

RELIGION

What is the main religion of the family environment of your child?	Click or tap to enter.
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FESTIVALS	
Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our care?	Click or tap to enter.

ADDITIONAL NEEDS	
Does your child have any additional needs that we need to know about to enable us to meet your child's needs during holiday club?	Click or tap to enter.

HEALTH				
Does your child have any of the following? (please tick as appropriate)				
Asthma/breathing problems	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Skin conditions	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Hearing difficulties	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Sight difficulties	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Speech difficulties	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Any long-term illness / conditions	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If you have answered yes to any of the above, please give details:	Click or tap to enter.			

Name of Doctor:	Click or tap to enter.
Surgery Address:	Click or tap to enter.
Telephone Number:	Click or tap to enter.

ARRIVAL AND DEPARTURE	
LIST THE NAMES OF ANYONE (OTHER THAN PARENTS) WHO WILL BE DELIVERING/COLLECTING YOUR CHILD:	
Contact name 1: (required)	Click or tap to enter.
Relationship to child:	Click or tap to enter.
Contact telephone number:	Click or tap to enter.
Address:	Click or tap to enter.
Postcode:	Click or tap to enter.

Contact name 2: (required)	Click or tap to enter.
Relationship to child:	Click or tap to enter.
Contact telephone number:	Click or tap to enter.
Address:	Click or tap to enter.
Postcode:	Click or tap to enter.

Is there anyone who should not have contact with your child or who is legally prevented?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes please provide details:	Click or tap to enter.			

ANY OTHER INFORMATION:			
Is there anything else you think we should know in order to meet the needs of your child, or anything you have concerns about?		Click or tap to enter.	
Signature: Click or tap to enter your signature.			
Print Name:	Click or tap to enter your full name.	Date:	Click or tap to enter a date.