



# Community Arts Network cic

A not for profit Community Interest Company



**Service required (please tick all that apply):**

**Arts Play holiday clubs:** Bideford  Barnstaple

**CAN Play After School Club:** Bluecoat  Pynes  Orchard Vale  Southmead   
St Georges

**CAN Play Breakfast Club:** Bideford Pynes  Southmead

**I CAN Short Breaks**  **CAN SAY youth club**

Please complete all sections on this page.

Child's Full Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender M / F

School attended: \_\_\_\_\_

Ethnic background: \_\_\_\_\_ Religion: \_\_\_\_\_

Child's GP \_\_\_\_\_ Practice Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_

**Parent/Carer Information:**

**Mother**

Full Name

Address

Post Code:

Tick if this is child's main address

Home Tel:

Work Tel:

Mobile:

Email

Second emergency contact:

Full Name

Address:

Tel:

Mobile

**Father**

Full name

Address (if different)

Post Code:

Tick if this is child's main address

Home Tel:

Work Tel:

Mobile:

Email:

Relationship to child:

**Please answer the following questions**

Does your child have any Medical conditions? e.g. allergies, asthma Yes / No

Does your child have a special need of any description? Yes / No

Does your child have a statement of special educational needs? Yes / No

If you have answered **yes** to any of the above questions, please complete the rest of this form. This will help us to support and meet your Child's needs.

**All parents / carers must sign and date the last page.**

**Meals;**

Can he/she feed themselves? Yes / No

If not, how do you feed him/her \_\_\_\_\_

Is he/she on a special diet? Yes / no

If yes, what is it? \_\_\_\_\_

Does he/she have any food allergies? Yes / No

If yes please give details \_\_\_\_\_

**Toilet**

Can they go to the toilet themselves? Yes / No

Can they tell you that they wish to use the toilet? Yes / No

Do they need any help? Yes / No

Are there any particular times when he/she expects to be taken to the toilet? \_\_\_\_\_

Has he/she any problems with loose bowels, constipation etc? \_\_\_\_\_

**Disabilities**

Has he/she any physical disability? (Including deafness, poor sight etc.) \_\_\_\_\_

\_\_\_\_\_

Does he/she have any aids (hearing aid, glasses etc), and is he/she willing to use them?

\_\_\_\_\_

Do these disability's cause any problems? Yes / No If yes, what are they?

\_\_\_\_\_

How do you cope with them? \_\_\_\_\_

**Behaviour.**

What is his/her behaviour generally like? \_\_\_\_\_

Does he/she have any behaviour problems? Yes / No

If 'yes' what are they? (I.e., temper tantrums, tearfulness, nervous habits, including self-inflicted hurts, hair pulling etc)

\_\_\_\_\_

What are their triggers? \_\_\_\_\_

What calms them? \_\_\_\_\_

Is your child verbally aggressive? Yes / No/

Is your child physically aggressive? Yes / No

Is your child shy or withdrawn? Yes / No

Is your child destructive? Yes / No  
Does he/she get on well with other children? Yes / No  
Does he/she get on well with other adults? Yes / No  
Do they have any fears? Yes / No If yes what are they

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Is there anything else that you think we should know? \_\_\_\_\_

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**Leisure Activities/ Communication.**

What does he/she especially like doing? \_\_\_\_\_

What doesn't he/she like doing? \_\_\_\_\_

Does he/she enjoy shopping trips? Yes / No

Can he/she talk so that other people can understand them? Yes/No

Does he/she use other ways of telling you they want something? If so, please tell us how they do it and for what, e.g., going to the toilet, a drink, a particular toy etc.

Does he/she use Makaton signing? Yes / No

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**Safety.**

Does he/she have any Road Sense? Yes / No

Does he/she understand everyday dangers, e.g., heat, fire, knives etc? Yes / No

Can he/she use the bathroom unsupervised? Yes / No

Is he/she likely to attempt to leave the building? Yes / No

Does he/she understand hot water will scald? Yes / No

**Medical.**

**Please describe any medical conditions: .....  
please continue on separate sheet if needed.**

Does he/she take medication? Yes / No If yes what: .....

Does he/she have fits? Yes / No How often does he/she have them? \_\_\_\_\_

If yes, what are they like and how long do they last? \_\_\_\_\_

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What is he/she like after them? ie, do they go to sleep, become more upset, the same as usual?

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Does he/she have colds often? Yes / No

Does she have any menstrual problems? Yes / No

Does he/she suffer from Asthma Yes / No

If yes can they self administer medication Yes / No

Does he/she have any allergies? Yes / No

If yes, what are they? \_\_\_\_\_

Is he/she prone to any particular ailments, e.g. earaches, headaches etc?  
\_\_\_\_\_

Does he/she need any specialist treatments e.g. physiotherapy, speech therapy etc?  
\_\_\_\_\_

Consultant Paediatrician \_\_\_\_\_

Tel. No. \_\_\_\_\_

**Mobility.**

Is he/she fully mobile? Yes / No

If not, describe the disability. \_\_\_\_\_

Does he/she use a wheelchair or other aid? Yes / No  
\_\_\_\_\_

Can he/she walk un-aided? Yes / No

Can he/she manage stairs un-aided? Yes / No

Does he/she require help to walk? Yes / No

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**All Parents / Carers must complete this section. Children cannot be accepted unless this form is signed and dated.**

I consent to my child attending C.A.N. schemes and participate in daily activities including, organised trips off the premises, and give authority to Community Arts Network Staff to act on my behalf in the event of an emergency, including the authority to give consent to doctors or paramedics to administer medication in the treatment of the child. I consent to staff administering sun protection as necessary.

Signature Parent/Guardian; ..... Dated: .....

By signing the registration form you agree to pay all fees for services provided by Community Arts Network cic and abide by all policy and procedure statements. We reserve the right to cancel any services if Payment is not received within the terms as stated on the invoice.

On occasion a record of C.A.N. Play is taken using photographs or other recordable media, these may then be used for publicity or for staff training purposes. If you **Do Not** wish photographs of your child to be used in this way, please tick this box

Password:..... This is used in the event of you not being able to pick your child and you arrange for another person to collect. On arrival at the scheme they will require your password to authorise the pick up.

Please return this form to the club leader or post to:-  
Community Arts Network cic  
Play Training and Resource Centre  
13 Rope Walk  
Bideford.Devon EX39 2NA  
Tel; 01237 471972 Mobile: 07778683769

Email: [admin@canplay.co.uk](mailto:admin@canplay.co.uk) Web: [www.canplay.co.uk](http://www.canplay.co.uk)