

HOTFOOT PLUS CHILDREN'S APPLICATION FORM

	T		
Childs Name:	D.O.B.		
Addison	C.D. Navas O. Addussas		
Address:	G.P. Name & Address:		
Tel No:	G.P. Tel No:		
Parent/Carer Name:			
Emergency Contact No:			
Diagnosis of Disability:			
Name of School:			
Does your child have a Statement of Special Education Needs?			
What Staff to Pupil ratio does your child r			
The country of the co			
Does your child have any health problems	s/allergies? If Yes Please give details.		
Is your shild on/will be an any modication	a at the time of the play scheme? If Vos Please		
Is your child on/will be on any medication at the time of the play scheme? If Yes Please give details.			
give details.			
Does your child have any special equipme	ent that they will be using during the play		
scheme e.g. Wheelchair/Mobility Aids/Gra			
	3		
How does your child communicate e.g. Verbally/Sign Language/PECS? Please give us			
details.			

Does your child have any p Yes Please give us details?	articular likes/	dislikes that you feel we should	be aware of? If	
Does your child enjoy playi	ng with/alongs	side other children? If No please	give us details.	
Does your child need help v			\/ / NI-	
Washing Toileting	Yes / No Yes / No	Dressing Is your child in pads/pull- ups?	Yes / No Yes / No	
Drinking	Yes / No	Eating	Yes / No	
		bove please give us details:	1 20 / 110	
Finally is there anything else that you feel we should know about your child? For example are they likely to put things in their mouths or demonstrate challenging behaviour when frustrated/upset? Please Note: It is important to us that we have as much information as possible regarding your child so that he/she can enjoy the scheme to their maximum potential. Please feel free to add any further details you may feel will help us on a separate sheet. Parent Guardian Signature:				
_	16.			
Date:				
Please Note : In some cases we may feel the need to contact your child's school to help us make the best staff provision for him/her within the play scheme. Please complete the section below in order for us to obtain such information.				
I parent/guardian of				
Signed:		Date:		