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| Child's first name: | |
| Child's surname: | |
| Child's date of birth: | |
| Diagnosis of child's disability/special needs: | |
| We run our clubs on a ratio of: 1:4 - one adult looking after four children 1:2 - one adult with two children 1:1 - one adult with one child What would you suggest is the appropriate staffing ratio for your child and why? | |
| Parent/carer's name: | |
| Parent/carer's home address: | |
| Parent/carer's home telephone number: | |
| Parent/carer's mobile number: | |
| Parent/carer's email: | |
| Child's current school: | |
| Club setting requested: Please select your preferred club(s) from the following: | Clubs for children aged 5 – 11yrs <input type="checkbox"/> Fort Royal Saturday Club (Worcester) <input type="checkbox"/> Fort Royal Holiday Club (Worcester) <input type="checkbox"/> Poolbrook Saturday Club (Malvern) <input type="checkbox"/> Poolbrook Holiday Club (Malvern) Clubs for children aged 11 – 18yrs <input type="checkbox"/> Regency Saturday Club (Worcester) <input type="checkbox"/> Regency Holiday Club (Worcester) <input type="checkbox"/> Regency Tuesday After School Club (Worcester) <input type="checkbox"/> Regency Thursday After School Club (Worcester) <input type="checkbox"/> Malvern Youth Saturday Club (Malvern) <input type="checkbox"/> 4's Company Youth Group (Wednesday evening) (Malvern) |
| Parent/carer's signature: Please sign in ink or using an e-signature/image of your original signature. | |
| Date: | |

Please return this form (photo or scanned copy) to: admin@malvernspecialfamilies.org.uk

Thank You

| For office use only | |
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| Date form received at office: | |