

Waiting List Request Form (2026)

Child's Information

Full name of child	
Date of birth	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/>
Address	
School currently attending	
Diagnosis of disability / special needs	
Specialist staff training required to support your child	e.g. Hoist, PEG feed, rescue medication, behaviour management.
Suggested staffing ratio 1:3 - one adult with three children 1:2 - one adult with two children 1:1 - one adult with one child 2:1 - two adults with one child	What is the appropriate staffing ratio for your child in order for them to safely access the activities in the busy group environment of our clubs? 1:3 <input type="checkbox"/> 1:2 <input type="checkbox"/> 1:1 <input type="checkbox"/> 2:1 <input type="checkbox"/> My child does not cope safely around other children <input type="checkbox"/>
Are they a child in care? (‘Looked After Child’ – i.e. in foster care)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide further details...

Clubs Requested

Clubs for children aged 5-11 years (Worcester). Priority will be given to children attending Fort Royal School. These clubs can be requested for a child in year R, 1, 2, 3, 4 or 5.			
Child's current school year	R <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Clubs requested (please tick)	For Royal Saturday Club <input type="checkbox"/> For Royal Holiday Club <input type="checkbox"/>		
Clubs for children aged 11-17 years (Worcester or Malvern). Priority will be given to children transitioning from our Fort Royal clubs to Regency High School. These clubs can be requested for a child in year 6, 7, 8, 9, 10 or 11.			
Child's current school year	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/>		
Clubs requested (please tick)	<table border="0"> <tr> <td>Worcester Regency Saturday Club <input type="checkbox"/> Regency Holiday Club <input type="checkbox"/> Regency Tuesday After School Club <input type="checkbox"/> Regency Thursday After School Club <input type="checkbox"/></td> <td>Malvern Malvern Saturday Youth Club <input type="checkbox"/> Malvern Wednesday Eve. Youth Club <input type="checkbox"/></td> </tr> </table>	Worcester Regency Saturday Club <input type="checkbox"/> Regency Holiday Club <input type="checkbox"/> Regency Tuesday After School Club <input type="checkbox"/> Regency Thursday After School Club <input type="checkbox"/>	Malvern Malvern Saturday Youth Club <input type="checkbox"/> Malvern Wednesday Eve. Youth Club <input type="checkbox"/>
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Parent/Carer's Details

Full name			
Relationship to child			
Contact number		Email	
Signature		Today's date	

Please return this form to: admin@malvernspecialfamilies.org.uk

For MSF office use only			
Date form received at office		Received by	