

Let Us Play



Child Contact Record and Membership Form

Name of lead child:	
School Attended:	
Home Address:	
Postcode:	

Please complete and return to:

Let Us Play, 7 Shaw Park Business Village, Shaw Road, Wolverhampton WV10 9LE

Name of 1 st parent/carer:			
Email address:			
Telephone number:	Home	Mobile	Work

Name of 2 nd parent/carer: (if applicable)			
Email address:			
Telephone number:	Home	Mobile	Work

If you regularly use e-mail, and would be happy to receive the Let Us Play newsletter electronically, instead of by post, please tick this box.	
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Emergency Contact name:			
Emergency Contact number:	Home	Mobile	Work
Relationship to child:			

Membership

Our membership is £20.00 per family, per year. All families renew their membership in September. If you become a new member after our annual September renewals however, your membership payment might be slightly less than usual (but still the same value for money). We do this to ensure that you are ready to renew again in September with the rest of our membership. **Please see the table on the back of this form for details of how much you need to pay.** If you are not sure how much you need to pay, just ring the office and we will be glad to help.

	<p>I would like to become a member of Let Us Play.</p> <p>I enclose a cheque for £__ : __ / or I will pay by bank transfer into account details below. Please put the name of the lead child in your reference.</p> <p>Sort Code: 090155 Bank Details: 82575184</p>
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Gift Aid

Membership subscriptions to charities are classed as donations. If you are a UK tax payer, we are able to reclaim the tax which has already been paid on your membership money. This means that your £20.00 membership donation is actually worth around £24.00. All membership details are considered to be confidential. If you are unsure about ticking the box please call the office or seek further advice from the HMRC website.

	Please treat my membership subscription, and any future subscriptions or donations made to Let Us Play as a Gift Aid donation.
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Signed: _____

Print name: _____

Child Record Form

Please give details of **all children** who attend Let Us Play activities.

Name of lead child:		Date of Birth:		Male / Female <small>(Please circle)</small>
Please give details of any special needs, disabilities, health problems, or allergies, or anything else you think we should know:				
Ethnic Classification of child or young person (please tick)				
<input type="checkbox"/> White British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese
<input type="checkbox"/> White Irish	<input type="checkbox"/> African	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other ethnic group
<input type="checkbox"/> White Other	<input type="checkbox"/> Black British	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Traveller
<input type="checkbox"/>	<input type="checkbox"/> Other Black	<input type="checkbox"/> Other / Mixed	<input type="checkbox"/> British Asian	<input type="checkbox"/> Asylum Seeker
			<input type="checkbox"/> Other Asian	<input type="checkbox"/> Prefer not to say

2 nd child / young person's name:		Date of Birth:		Male / Female <small>(Please circle)</small>
Please give details of any special needs, disabilities, health problems, or allergies, or anything else you think we should know:				
Ethnic Classification of child or young person (please tick)				
<input type="checkbox"/> White British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> African	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other ethnic group
<input type="checkbox"/> Other	<input type="checkbox"/> Black British	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Traveller
<input type="checkbox"/>	<input type="checkbox"/> Other Black	<input type="checkbox"/> Other / Mixed	<input type="checkbox"/> British Asian	<input type="checkbox"/> Asylum Seeker
			<input type="checkbox"/> Other Asian	<input type="checkbox"/> Prefer not to say

3 rd child / young person's name:		Date of Birth:		Male / Female <small>(Please circle)</small>
Please give details of any special needs, disabilities, health problems, or allergies, or anything else you think we should know:				
Ethnic Classification of child or young person (please tick)				
<input type="checkbox"/> White British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese
<input type="checkbox"/> White Irish	<input type="checkbox"/> African	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other ethnic group
<input type="checkbox"/> White Other	<input type="checkbox"/> Black British	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Traveller
<input type="checkbox"/>	<input type="checkbox"/> Other Black	<input type="checkbox"/> Other / Mixed	<input type="checkbox"/> British Asian	<input type="checkbox"/> Asylum Seeker
			<input type="checkbox"/> Other Asian	<input type="checkbox"/> Prefer not to say

Other Siblings:

Siblings name:		Date of birth:	
Siblings name:		Date of birth:	

Data Protection

I understand that Let Us Play will store the information I have supplied about my family on their database and I give them permission to do this. I understand that this information will not be passed onto any third party or used in any way outside of the charity which will identify any member of my family. I understand that it may be used for monitoring purposes. I understand I can request it be removed at any time.

Photo Permission Consent

From time to time, funders ask us to provide photographs from activities, as evidence that the activity did actually take place. It would also be nice to celebrate some of our children's achievements by featuring them in the newsletter. To comply with GDPR 2018, we need permission before we can take photographs of your child. No personal information and/or identification of any child other than their first name will ever be displayed with a child's photograph. Consent given on this membership form will be valid for one year, but can be withdrawn at any time if you contact the Let Us Play office. We would **always** contact parents before allowing photographs of children to be used in any kind of publicity or in the press.

Please indicate below if you are happy for you child or children's photos to be used in the following ways;

- To evidence to our funders our activities and these funders may reuse these images to promote their good works.
- To be used as part of informational displays about Let Us Play.
- To be used in the Let Us Play newsletter, website and on our social media pages, (Facebook and Twitter).

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Signature for Data Protection and Photograph Permission

Signed: _____

Print name: _____

Date: _____

The trustees of Let Us Play reserve the right to withdraw membership at **anytime**, if we feel that our charities generosity is being abused or allocated sessions are being routinely missed.

Let Us Play has a no tolerance policy for abusive behaviour to our staff, trustees and members.

Membership Payments for new members during the year until the following September.

Renewal date	Amount to pay	Renewed until
Sept 2018	£20	Sept 2019
Oct 2018	£19	Sept 2019
Nov 2018	£18	Sept 2019
Dec 2018	£17	Sept 2019
Jan 2019	£16	Sept 2019
Feb 2019	£15	Sept 2019

Renewal date	Amount to pay	Renewed until
Mar 2019	14	Sept 2019
April 2019	12	Sept 2019
May 2019	10	Sept 2019
June 2019	8	Sept 2019
July 2019	6	Sept 2019
Aug 2019	4	Sept 2019