

Waiting List Request Form (2024)

Child's Information	
Child's full name:	
Date of birth:	
Child's home address: (incl. postcode)	
Diagnosis of child's disability/special needs:	
Is your child 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...
Child's current school:	
What would you suggest is the appropriate staffing ratio for your child in the club group environment and why? We run our clubs on a ratio of: 1:4 - one adult with four children 1:2 - one adult with two children 1:1 - one adult with one child	
Does your child access any other care/support, clubs or services?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide further details...

Parent/Carer's Information	
Parent/carer's full name:	
Parent/carer's home address: (If different to child's address shown above)	
Home telephone number:	
Mobile number:	
Email:	

Club(s) 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)	
Clubs for children aged 11 – 18yrs:	
<input type="checkbox"/> Regency Saturday Club (Worcester)	<input type="checkbox"/> Malvern Youth Saturday Club (Malvern)
<input type="checkbox"/> Regency Holiday Club (Worcester)	<input type="checkbox"/> 4's Company Youth Group (Wednesday pm) (Malvern)
<input type="checkbox"/> Regency Tuesday After School Club (Worcester) – for Regency High School pupils only	
<input type="checkbox"/> Regency Thursday After School Club (Worcester) – for Regency High School pupils only	

Parent/carer's signature: Sign in ink or using an e-signature/image of your original signature	Date:
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Please return this form (photo or scanned copy) to: admin@malvernspecialfamilies.org.uk

Thank You

For office use only	
Date form received at office:	