

Parent / Carer Details				
Name				
Address				
Home Telephone				
Mobile				
Email Address				
Relationship to Child				
Disabled Child Details				
Full Name				
Date of Birth			Age	
Address (if different from				
above)				
Nature of Disability				
School Attended				
Additional Children	YES / NO If Yes, please complete below.			
Siblings Details				
Name	Date of Birth	Gender		to be registered for
				reedom Club' *
				ES / NO
			YE	ES / NO
			YE	ES / NO
			YE	ES / NO
			YE	ES / NO
*Our Fun & Freedom Clu	b is for young care	ers/sibling care	ers with no disabi	lities or special needs.
The club is for school a	age children, provi	ding fun activit	ties in a safe, sup	
	Please see our w		e information.	•
Important Information -	Fun & Freedom	n Club		
Medical/Dietary				
Requirements: Special dietary				
requirements/allergies/medica	.1			
conditions/medication				
Other:				
Special requirements,				
information that would be helpful for staff				



THIS INFORMATION WILL REMAIN CONFIDENTIAL TO FRIENDS AND FAMILIES OF SPECIAL CHILDREN. YOUR INFORMATION WILL NOT BE PASSED TO ANY OTHER GROUPS/THIRD PARTIES WITHOUT YOUR CONSENT. WE WILL USE YOUR INFORMATION TO INFORM YOU OF OUR SERVICES (VIA PHONE/POST OR EMAIL) IF YOU DO NOT WISH US TO DO SO PLEASE LET US KNOW USING THE CONTACT DETAILS BELOW

Please return this form to:
Friends & Families of Special Children Ltd.
Virginia House Centre, Palace Street, Bretonside. Plymouth, PL1 2AY

Tel: (01752) 204369 Email: info@friendsandfamilies.org.uk Web: www.friendsandfamilies.org.uk