

# Hop Skip and Jump South West

- Registered Charity No 1081811



HOP SKIP & JUMP

## Membership Form - Page 1

<b>1) Parent/Guardian</b>					
<b>Title:</b>	Mr	Mrs	Miss	Dr	Other (please specify)
<b>First Name:</b>			<b>Surname:</b>		
<b>2) Parent/Guardian</b>					
<b>Title:</b>	Mr	Mrs	Mrs	Dr	Other (please specify)
<b>First Name:</b>			<b>Surname:</b>		
<b>Carer Information</b>					
Full Name of adult normally visiting ( if different from above please complete a Carer Form)					
Relationship to child (e.g. grandparent/carer/childminder )					
If applicable the name of the organisation with which you are based:					
<b>Child's Name:</b>					
<b>First Names:</b>			<b>Surname:</b>		
<b>Child's date of birth:</b>			<b>Is Child male or female?:</b>		
<b>Home Address:</b>			<b>Home Telephone:</b>		
			<b>Mobile Telephone:</b>		
			<b>Email:</b>		
<b>County:</b>					
<b>Postcode:</b>					
<b>What is your childs' main diagnosis or special need?</b>					
<b>Siblings' names:</b>					
<b>How many of your family use the centre?:</b>					
<b>How did you hear about Hop,Skip and Jump?</b>					
<b>Emergency Contact Details</b>					
<i>Details given should be of a person who can be contacted should the carer in attendance need emergency help</i>					
<b>Name:</b>			<b>Name:</b>		
<b>Telephone Number:</b>			<b>Telephone Number:</b>		

## Membership Form - Page 2



HOP SKIP & JUMP

Are there any other medical conditions / allergies that you would like to tell us about?

Do you have suggestions as to how we could improve facilities to meet your child's special needs?

Please tick here if you are a UK tax payer and would like us to claim Gift Aid on your donations:

Please tick if you wish to receive information from Hop,Skip and Jump:

From time to time we are visited by local journalists who help us to reach other families who need our services and also help us to raise funds. Please tick here if you are happy for us to use photographs of your child/children to be used in Hop Skip and Jump publicity material:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Thank you for completing this form.

The completion of this form will entitle you to use the full facilities of the centre and will provide us with important contact information in case of emergency. The details given will also provide us with vital information in the form of statistics to those funding organisations on whom Hop Skip & Jump so desperately relies.

Hop Skip & Jump (SW) spends some £200,000 each year running the centre and to achieve this it depends on grants from trusts and corporate bodies who need to know various gross statistics before they release funds. The information you give will be treated in the strictest of confidence and entered onto our database. It will only be used for Hop Skip & Jump purposes and in support of applications for funds. It will not be passed to any other organisation.

For fundraising purposes we are often asked for further details.

The information requested below *is not mandatory* but would be of value to us.

Child's Date of Birth:

Date of Diagnosis:

County in which you live: (i.e. South Glos/Bristol etc.)

Is the main diagnosis?:	Physical		Sensory		
	Physiological		Learning		

What is your religion?:

What is your ethnic origin?:

From time to time we are encouraged to apply for funds from local employers. Who is your employer?: