

Registration Form

Name of child			
Age			
Date of birth			
Home address			
Parent / Guardian name			
Does this person have parental responsibility?		Yes	No
Work address			
Home number			
Work number			
Mobile			
E mail			
Parent / Guardian name			
Does this person have parental responsibility?		Yes	No
Work address			
Home number			
Work number			
Mobile			
E mail			
Alternative Emergency contacts who have permission to collect your child		<u>Mobile number</u>	<u>Relationship to child</u>
Contact 1 name			
Contact 2 name			

Medical Information

Name of Child's Doctor: _____

Surgery address: _____

Telephone: _____

About your Child:

Please detail any additional/ special needs your child has (please provide full details)

Please detail any dietary requirements /food allergies for your child (please provide full details)

Password Protection:

Part of our Safeguarding policy is to set up a password. In the event that the child is being collected by someone other than yourselves or your emergency contacts, could you please provide a password below which the collector can tell us to verify they have your consent to collect you child. We will also phone you to verify if the person collecting your child is unfamiliar to us.

Password: _____

Parent/ Guardian signature:

Date: _____

Copies of our safeguarding, administering medicines, behaviour and fire policies are available for you to read on our website.