

Registration Form

A separate form is to be completed for each child.

Child's name:

Child's Class:Date of Birth:

Address:

.....

.....Post Code:.....

Home Telephone no:Mobile:

Emergency Contact Numbers

1. Name:

Relationship to child:

Address:

.....

Telephone no:Mobile No:

2. Name:

Relationship to child:

Address:

.....

Telephone no:Mobile No:

Medical Information

Please give details of any allergies, illness, special needs, dietary restrictions etc.

.....
.....

Doctors name and address:

.....Telephone no:

In an emergency, when a parent/carer cannot be in attendance immediately, it may be necessary to obtain treatment from a doctor or hospital. We would ask that you give your consent below in the unlikely event of this occurring.

In the event of sudden illness or accident affecting my child, If recommended by a doctor, I agree to emergency treatment.

Signed:
Parent/carer with parental responsibility

Name of child:Date:.....

Additional Information

Please provide us with any other information that you think will be relevant to us.