



Registration Form

You must complete all sections of this form and return it to the service prior to your child's start date. As per regulation no child's will be allowed to commence in the service until the registration process is fully completed. Incomplete forms will be returned to you and delay your child's entry onto the programme.

Particulars of Child

First Name _____ Surname _____ Male/Female

Date of Birth _____

Name of Primary School Attending _____ Phone No _____

Details of Parents or Guardians

(Please give details of those who are contactable during the hours that your child attends the pre-school service)

#1 Name First Name _____ Surname _____ Relationship to Child _____

Address _____

Daytime Contact Numbers Home _____ Mobile _____ Work _____

#2 Name First Name _____ Surname _____ Relationship to Child _____

Address _____

Daytime Contact Numbers Home _____ Mobile _____ Work _____

Please provide an email address for communication _____

Please give a designated mobile no for text notices _____

Authorisation for Collection

(Please list below the full name of any person over the age of 18yrs other than a parent who may from time to time collect your child).

***Please note your child cannot be released to anyone other than those listed below**

1 _____ Contact Number _____ Relationship to Child _____

2 _____ Contact Number _____ Relationship to Child _____

3 _____ Contact Number _____ Relationship to Child _____

Illness/Disability/Allergy

(If your child suffers from any illnesses, disabilities or allergies please list below)

Additional Needs

(Please detail your child's additional needs if any please list any likes and dislikes your child has)

Details of General Practitioner

Name of GP _____ Address _____
Phone no _____

Health Information (Please tick accordingly)

This is an updated list of current vaccinations please use other immunisations section to detail your child's vaccinations where they differ from the list shown

BCG (first week) 6 in 1+ PCV (2 Months) 6 in 1 and Men C (4 Months)
6 in 1 and PCV (6 months) MMR + PCV (12 Months) MenC +Hib (13 Months)
4 in 1 Booster (4-5yrs) MMR (Second Dose)

Other Immunisations _____

Consent for Appropriate Medical Treatment in Event of Emergency

In the event of emergency, I consent for my child to receive appropriate medical treatment. This includes the calling of an ambulance treatment by medical professionals and the administration of anti-febrile medications in the event your child runs a temperature while attending the service and you cannot be contacted.

Signed by Parent _____

Print Name _____ Date _____

Photograph Consent

Photographs may be taken during the duration of your child's attendance in the service. They serve as an excellent tool for allowing us to share your child's moments with you as their parent. They also may be used in our newsletter, posted on the notice board and or used in the service brochure or other promotional materials.

In order to do this, we need your permission. If you consent to having your child photographed for these purposes, please sign below.

Signed _____ Print Name _____ Date _____

Declaration

I declare that all the information set out in this notice is correct and that I have read and agree to the terms and conditions of enrolment.

Signed _____

Dated _____

This Section to be filled in by Twigs

Start Date _____ Finish Date _____