



Registration Form

All parents/carers of children attending must complete this form.

Child's Full Name: _____

Preferred Name (if different): _____

Home Address: _____

Date of Birth: _____ First Language: _____

Parent/Carer Name: _____

Daytime Telephone Number: _____

Evening Telephone Number: _____

To ensure your child's safety, please set a **collection password**. This password must be shared with anyone collecting your child and will be requested by staff at pick-up.

- Collection Password: _____

(Children will only be released to individuals who can provide this password, unless prior notice is given).

Medical Information: Please detail any medical conditions, procedures prohibited due to family beliefs, or religious/cultural considerations relevant to your child's care:

Allergies or Major Dislikes: (e.g. specific foods, materials)

Emergency Contact (other than parent/carer):

- Name: _____

- Telephone Number: _____
- Address: _____

Child's Doctor Details:

- Name of Surgery: _____
- Telephone Number: _____
- Address: _____

Consent Section: Please tick and sign below:

I give consent for emergency treatment to be administered during the session.

Signed: _____ Date: _____

I give consent for plasters to be used on my child if needed.

Signed: _____ Date: _____

Data Protection Statement: I hereby give consent for the information provided above to be held securely in accordance with the Data Protection Act 1998.

Signed: _____ Date: _____

Childcare Vouchers (if applicable)

If you intend to use childcare vouchers, please provide the following information:

Voucher Provider Name: National Savings

Account Reference/ID: _____

Any Additional Notes or Instructions: _____
