



Registration Form

Child's Details

Date of Registration:

First name:	Surname:	What s/he likes to be called:
Date of birth and current age:	Class:	First language:

Parent/Guardian details

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details overleaf.)					

Emergency Contact Details (please provide details of two people we can contact if we are unable to get hold of you)

Name 1:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name 2:	Telephone number:	Mobile number:
Address:		Relationship to the child:

Child's Doctor

Name of Doctor:	
Address:	Telephone:

About your child

Please detail any additional/special needs your child has: (continue overleaf if necessary)
Please detail any dietary requirements / food allergies for your child: (continue overleaf if necessary)

Signature of Parent/Carer

Date:
