



ANY QUERIES
Phone/text
07729316321

CHILD REGISTRATION FORM

First Name

Surname

Male Female

Date of Birth

Address

Post Code

Tel: (inc. STD Code)

Mobile

(Parent/ Guardian)
Email:

School

Class at June this year: Primary

Emergency Contact Name

Tel. No.

The child may be collected by:

GP's Name

GP's Tel. No

Any known allergies or health problems

Parental Consent

I confirm that the above details are correct and complete to the best of my knowledge. In the event of illness or accident, I give permission for any necessary medical treatment to be given by the nominated first-aider. In an emergency and if I can't be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Signature of Parent /Guardian

Title First Name Surname

I give permission for my child to return home unaccompanied.

I give permission for my child's information to be held on computer.

I **do not wish** my child's photo/video to be taken.

