**Child’s Details**

|  |  |  |
| --- | --- | --- |
| First Name: | Last Name: | Known as: |
| Date of Birth and Current Age: | First Language: | **Date of Registration:** |

**Parent/Carer Details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: | First Name: | | Last Name: | | Title: | First Name: | | Last Name: | |
| Home Address: | | | | | Home Address: | | | | |
| 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: | Telephone Number: | Mobile Number: |
| Address: | | Relationship to Child: |
| Name: | Telephone Number: | Mobile Number: |
| Address: | | Relationship to Child: |

**Child’s Doctor**

|  |  |
| --- | --- |
| Name of Doctor: | |
| Address: | Telephone: |

**About Your Child**

|  |
| --- |
| Please detail any additional / special needs your child has: *(please provide full details)* |
| Please detail any dietary requirements / food allergies for your child: *(please provide full details)* |
| Is there anything your child doesn’t like (food, games, etc.)? |
| What are your child’s favourite activities? |

**Important:**

Please provide a password to be used if an alternative adult will be collecting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Parent/Carer **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**