Child Registration Form

Details of Child

Name	
Preferred Forename	
Date of Birth	
Address	
Home Tel No	

Details of Parent/Carer

Name of Parent	Do you live at the same address as your child?	Do you have parental Responsibility?	Mobile Number
	Yes/No	Yes/No	
	Yes/No	Yes/No	

Separated Family Details.

If you live at a different address to your child but do have parental responsibility then please provide details here

Name	
Address	
Telephone Number	

If parents are separated or divorced, have any court orders been issued: Yes / No

Persons Authorised to collect:

Please give details of any persons who you authorise to collect your child. Anyone not on this list will need to provide a password each time they collect. You can update this list at any time

Name	Relationship to child	

Emergency Contact Details

Additional emergency contact details are extremely important. In the event of an emergency we need to be able to contact you or somebody authorised to collect or act on your behalf. These contacts may also be on the above collection list

Priority	Name of contact	Telephone num	nber			
1 st						
2 nd						
3 rd						
	Please notify us immediately if	any of these de	tails change			
Individ	ual Requirements					
Please §	give details of any medical or dietary rec	Juirements we sh	nould be aware of			
Additio	nal Information					
You car	use this space to let us know of any oth	ner information y	you feel may be useful to us			
	aring for your child. For example, particu	•	•			
informa	ation provided here is voluntary.					
The information provided in this document by you will be stored in line with GDPR 2018						
and DPA 2018 guidelines. It will only be accessed by persons with a legal right to see it.						
	Details on how we process your data can be found in our separate Privacy Notice, available					
on our	on our website or on request.					
	Parent/Carer Sign		Date			