



**REGISTRATION FORM**

Full Name of Child: \_\_\_\_\_

Likes to be known as: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Names (First & Surnames please) \_\_\_\_\_

Do both Parents have "Parental Responsibility"? YES/NO

If NO then please specify which parents have responsibility \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

E Mail Address \_\_\_\_\_

2<sup>nd</sup> Contact Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

2<sup>nd</sup> Contact Tel. No: \_\_\_\_\_

Religion: \_\_\_\_\_ Language: \_\_\_\_\_

Racial Origin: UK European/African/Afro-Caribbean/Other European/Chinese/Vietnamese/  
Mixed Parentage/ Other/ Prefer not to answer

Doctor's Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Surgery Address: \_\_\_\_\_

Health Visitor: \_\_\_\_\_ Tel. No \_\_\_\_\_

Any other outside agencies involved with your child: \_\_\_\_\_

Has your child been vaccinated against: -

Polio	YES/NO	Whooping Cough	YES/NO	Rubella	YES/NO
Diphtheria	YES/NO	Measles	YES/NO	Meningitis C	YES/NO
Tetanus	YES/NO	Mumps	YES/NO		

Please sign to give permission for the use of plasters if the need arises? \_\_\_\_\_

Other known allergies (e.g. Dairy/Wheat/Nut Intolerance): \_\_\_\_\_

Health Conditions: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_



**REGISTRATION FORM cont'd**

*I am aware that a Registration fee of £15.00 is payable on completion of this form and that the fee per 2 ½ hr session is currently £8.00, 3 hr session is £9.60 and 5 ½ hr session is £17.60 and that if my child does not attend for any reason I am still obliged to pay.*

Please indicate (by circling the appropriate times) which days and sessions you would like your child to attend:

**Mon:** 9:15am – 11:45am      9:15am-12:15pm

**Tues:** 9:15am – 11:45am      9:15am-12:15pm      12:15pm – 2:45pm      9:15am – 2:45pm

**Wed:** 9:15am – 11:45am      9:15am-12:15pm      12:15pm – 2:45pm      9:15am – 2:45pm

**Thu:** 9:15am – 11:45am      9:15am-12:15pm      12:15pm – 2:45pm      9:15am – 2:45pm

**Fri:** 9:15am – 11:45am      9:15am-12:15pm      12:15pm – 2:45pm      9:15am – 2:45pm

Please note that the '9:15-12:15pm' & full day sessions require a packed lunch/payment for hot lunch.

I would like my child to start on: \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

Signed: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_