



REGISTRATION FORM

Details about your Child

Child's Full Name: _____ Preferred Name: _____
D.O.B: _____ Childs Gender: _____ (Male/Female)
Birth Certificate No: _____

Who has Parental / Guardianship responsibility?

Name 1 :

_____ Relationship _____

Address: _____

Mobile

No: _____ WorkNo: _____

Email Address: _____

Occupation: _____

Name 2:

_____ Relationship _____

Address: _____

MobileNo: _____ WorkNo: _____

Email Address: _____

Occupation: _____

Are there any other contact restrictions? Yes No

Details _____

Other Emergency Contacts - Must be different from above

Name: _____ Relationship _____

ContactNumber: _____

Name: _____ Relationship _____

ContactNumber: _____

I give the following people permission to collect my child (Must be over 16 years old)

Secret Password

Main language spoken at home _____

Any other relevant information

Medical Information

Doctors Name:

Surgery address :

Surgery phone number

Allergies/medical conditions:

Specific Dietary Requirements/likes/dislikes:

Medication (please list any medication your child takes regularly and the dosage) _____

If your child has learning difficulties/disabilities or requires extra assistance please list here _____

Any other relevant information we may need to be aware of:

Consent for using images of children:

From time to time we may take photographs of the children, we may use these images on our website, for Tapestry, Instagram and Facebook pages, or printed publicity. We may also make video or DVD recordings for use within the preschool or for monitoring purposes. Photographs or videos may also be taken by representatives from the media or local newspaper. To ensure we comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child.

I give consent to use images Yes/ No

Consent for Medical Advice or Treatment at -

I give consent to seek any necessary medical advice or treatment in the future. Yes/ No

I give permission to apply plasters if needed yes/ No

Consent for Outings at -

I give permission for my child to take part in local outings i.e, local park

Yes No

I give permission to apply sun cream as necessary. Please provide sun hat during the hot weather

Declaration

I have read, and I fully comply with the Terms and Conditions above.

Signed..... Date