|  |  |  |
| --- | --- | --- |
| **Child’s Details** | **Date of Registration:** | |
| First name: | Surname: | What s/he likes to be called: |
| Date of birth: | Age: | First language: |

**Parent/Guardian details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title: | First name: | Surname | Title: | First name: | | Surname | |
| Home address: | | | Home address (if different): | | | | |
| 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 the child: |
| Name: | Telephone number: | Mobile number: |
| Address: |  | Relationship to the 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) or is scared of? |
| What are your child’s favourite activities? |

**Signature of Parent/Carer Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_