

REGISTRATION FORM



Child's Details

First name:	Surname:	What they like to be called:
Date of birth:	School attended:	

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 on separate sheet					

Emergency Contact Details (please provide details of two people we can contact if we are unable to get hold of you)

Name 1:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name 2:	Telephone number:	Mobile number:
Address:		Relationship to the child:

Child's Doctor

Name of Doctor:	
Address:	Telephone:

About your child

Please provide full details of any additional/special needs your child has:
Please provide full details of any dietary requirements/food allergies for your child:
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/Guardian: _____ Date: _____