The Den

REGISTRATION FORM

Name of Child	
Address	
Postcode	
Telephone No.	
Date of Birth	
Religion	
Ethnicity	
Home Language	
Name and Address of GP & Health Visitor	
Contact Information	
Name of Parent(s) / Carer(s)	
Telephone - Home	
Telephone - Work	
Mobile(s)	
Name of Person(s) who will usually collect your child	

Are there any custody agreements concerning your child? YES/NO

Contact Details: Person(s) authorised to collect your child for use in emergencies.

Contact 1

Name of Contact	
Relationship to Child	
Address	
Postcode	
Telephone - Home	
Telephone - Work	

Contact 2

Name of Contact	
Relationship to Child	
Address	
Postcode	
Telephone - Home	
Telephone - Work	

Contact 3

Name of Contact	
Relationship to Child	
Address	
Postcode	
Telephone - Home	
Telephone - Work	

Contact 4

Name of Contact	
Relationship to Child	
Address	
Postcode	
Telephone - Home	
Telephone - Work	

Relevant Information: To enable the group to care for your child and for him/her to be settled and happy while they attend our group it is important that parents/carers inform us of their child's needs and preferences. It is important that we work in partnership with parents/carers and that we meet parents/carers wishes as far as is reasonably practicable.

Please give full details and information.

Preferred Name of Child	
Further Information	
Special needs	

Special dietary requirements	
Allergies	
Health Problems	
Childhood illness	
Medical requirements	

Immunisations (please tick)

Diphtheria		**Measles**	
Whooping Cough		**Mumps**	
Tetanus		**Mumps**	
Polio		**Hib Meningitis**	

NB. Medication will only be administered after a signature has been obtained from the parent/carer on a specific medication form.

Under the Children Act 1989, sick children must not attend the group.

Parent/Carer Signature …….

Date: …….

Dates of Attendance: I would like my child to start The Den on ……. (date) for the following sessions per week;

Please tick the boxes below to indicate which days you wish your child to attend The Den.

Days agreed	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**

Note: Personal information contained in this contact and registration form is kept in line with the confidentiality policy for The Den.

Please regularly update your personal details (e.g. Mobile numbers /addresses etc. when required) and pass on to The Den staff.

Thank you for registering …….. (child's name) with The Den please sign below:

Signature of Parent/Carer ……

Date: ……

Signature of The Den ……

Date: ……