

**REGISTRATION FORM**

***Please complete all sections below to keep our records current***

|  |  |  |
| --- | --- | --- |
| Existing User [ ]  | Sibling Applicant[ ]  | New Applicant[ ]  |

***(Please indicate in the boxes above the status of the child being registered)***

|  |  |
| --- | --- |
| Childs Name |  |
| Class (Next Term) |  | Date of Birth |  |
| Current Attending Sibling? | Yes/No | Name |  |

**REQUIRED DAILY USE FOR NEXT SESSION –**Please tick requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast Club |  |  |  |  |  |
| After School |  |  |  |  |  |

**PARENTS / CARERS DETAILS (Please complete at least one section)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Address |  | Address |  |
| Postcode |  | Postcode |  |
| Tel. No. | Home |  | Tel. No. | Home |  |
| Tel. No. | Work |  | Tel. No. | Work |  |
| Tel. No. | Mobile |  | Tel. No. | Mobile |  |
| Email |  | Email |  |

**OTHER PEOPLE WHO MAY BE ALLOWED TO COLLECT YOUR CHILD**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Address |  | Address |  |
| Tel. No. |  | Tel. No. |  |
| Relationship |  | Relationship |  |

**ALTERNATIVE / EMERGENCY CONTACT**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Address |  | Address |  |
| Tel. No. |  | Tel. No. |  |

**DOCTOR / MEDICAL PRACTICE**

|  |  |  |
| --- | --- | --- |
| Name |  | Medical Information (Regular Medication) |
| Address |  | Times daily medication should be given: |
| Other parties involved i.e. speech therapists, health visitor etc |
| Postcode |  | Dietary Requirements including allergies, intolerance or preferences:      |
| Tel No. |  | General health information: |

**Consent Forms**

There are several different consent forms on our website. Could you please check each one listed below and if you are happy with the consent forms and Little Villagers terms and conditions, sign in the box to confirm your agreement. If you have any issues with any of the forms or terms and conditions then please speak to Nikki Thom, the co-ordinator or any member of the committee.

**FORM WEBSITE SIGNATURE**

|  |  |  |
| --- | --- | --- |
| Photography Consent Form | <http://www.littlevillagers.org.uk/member-forms--handbooks.html> | **×** |
| Medical Consent Form | <http://www.littlevillagers.org.uk/member-forms--handbooks.html> | **×** |
| Transport Consent Form | <http://www.littlevillagers.org.uk/member-forms--handbooks.html> | **×** |
| Little Villagers Terms and Conditions | <http://www.littlevillagers.org.uk/our-policies-and-further-information.html> | **×** |

**More about your child**

|  |  |
| --- | --- |
| What does your child enjoy playing with? |  |
| Is there any particular likes and dislikes your child has? |  |
| Is there anything you feel your child may need additional help and support with from our staff? |  |
| How would you describe your child’s personality? |  |
| Do you celebrate any festivals in your household? i.e. religious festivals |  |

I will keep the club informed of any changes to the information on this form.

Signature of Carer: **×**………………………………………………………. Date: ………………………….

|  |  |
| --- | --- |
| **FOR OFFICE USE** |  |
| Date form received |  |
| Official start date of child |  |