



Child's Details					
First name		Surname		What s/he likes to be called	
Date of birth and current age		School attended First language		Key workers name	
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	Work number		Home number	Work number	
Mobile number			Mobile number		
Email address			Email address		
Please specify who to contact first in case of an emergency e.g. 1. Mum 2 Dad					
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 a separate sheet)					
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 child	
Name		Telephone number		Mobile number	
Address				Relationship to child	
People with permission to collect this child (all must be over 16)					
Name		Name			
Telephone number		Telephone number			
Name		Name			
Telephone number		Telephone number			
Password (please write in capitals) Please ensure that any named person on this form knows the password					
Child's Doctor					
Name of Doctor					
Address			Telephone number		
About your child					
Please detail any medical or additional/special needs your child has (please provide full details and continue on a separate sheet if needed)					
Please detail any dietary requirements/food allergies for your child (please provide full details)					

Signature of Parent/Carer**Date**