

# REGISTRATION FORM

2025-2026



## Sessions to attend (✓)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Child's Details

Child's Name (in full):-

Child's home address:

Postcode:

Name of child's Teacher

Name of parent or main carer

Place of Work:-

Does this person have parental responsibility for the child? (✓)

Yes

☐

No

☐

Does this person have legal contact with the child?

(✓)

Yes

☐

No

☐

Address (if different from above)

Postcode:-

Telephone no.

Daytime Phone No.



Name of second parent or carer

Does this person have parental responsibility for the child? (✓)

Yes

☐

No

☐

Does this person have legal contact with the child? (✓)

Yes

☐

No

☐

Address if different from above

Postcode

Telephone no.

Daytime Phone No.

Emergency Contact

Name

Telephone number

I authorise this person to collect my child from club

Signed by parent/carer:-



Name of child's doctor:-

Telephone number:-

Address:-

Postcode:-

Does your child have any specific health requirements? (✓)  
If yes, provide details:-

Yes

☐

No

☐

Does your child have any specific dietary needs (✓)  
(E.g. food allergies, likes and dislikes, cultural preferences)

Yes

☐

No

☐

If yes, provide details:-

Does your child have any specific requirements? (✓)  
(E.g. IEP behaviour plan, physical or medical impairments)

Yes ☐ No ☐

If yes, provide details:-

Please provide any other information that you feel might be important, including reaction to allergy and any additional needs not mentioned above:-

Please tick (✓) which of the following  
your child has been immunised against:

☐

Diphtheria

☐

Polio

☐

Mumps

☐

Measles

☐

Meningitis

☐

Whooping cough

☐

HIBs

☐

Rubella

☐

Tetanus

I consent to my child having prescribed medicines administered  
when I have completed the appropriate permission forms.



Yes ☐ No ☐

I consent to my child having their photograph taken  
for use in the setting and for publicity



Yes ☐ No ☐

I consent to my child participating in face painting activities



Yes ☐ No ☐

I consent to my child having sun screen applied as required



Yes ☐ No ☐

I consent to my child watching U and PG certificate DVDs



Yes ☐ No ☐

I understand that these consents will remain valid unless I contact the setting to withdraw them.

By signing this agreement, I agree to the behaviour and safety guidance  
given within our information leaflet.

Signed by parent/carers:



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