Child’s Details

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | What she/he likes to be called: |
| Date of birth and current age: | Current school / year group  First language: | Tick if EYFS child |

**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: | | | |
| Mobile number: | | Work no: | | Mobile number: | | Work no: | |
| 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 names:) | | | | | | | |

# 

# Emergency Contact Details *(please provide details of two people we can contact to collect your child if you are unable to)*

|  |  |  |
| --- | --- | --- |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |

# 

# Child’s Doctor

|  |  |
| --- | --- |
| Name of Doctor: | |
| Address: | Telephone: |
| All Immunisations up to date: (please delete as appropriate) | Yes / No |

**Sessions**

**Please add dates and tick which sessions you would require:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date w/c:** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**About your child**

|  |
| --- |
| Please detail any additional / special needs / medical conditions your child has: (please provide full details) |
| Please detail any dietary requirements / food allergies for your child: (please provide full details) |

**Permissions:**

**On signing this form, I agree:**

* **to allow Rialize staff to administer first aid to my child; including Calpol / Piriton if necessary**
* **to give permission for photos/videos of my child to be taken at Rialize, any photos/videos are for the use only within the club**

**Please provide a password should your child need to be collected by someone other than those named**

**above. We will require your consent and the name of the person collecting, along with the password**

**before we release your child.**

**Password: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please complete and return with £15 per child, non-refundable, registration fee. Paid to:

Acc name (Santander): **Rialize Childcare Ltd** / Sort code: **09-01-29** / Acc no: **36808636**

Signature of Parent/Carer: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Rialize Manager: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY: PR Date: