

Registration Form

Child's Details

First name:	Surname:	What she/he likes to be called:
Date of birth and current age:	School attended / Class: 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:		
Home number:	Mobile number:	Work no:	Home number:	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 if we are unable to get hold of you)*

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



Registration Form

Ria Hales & Ali Bunting
 8 Lyme Avenue
 Northchurch
 HP4 3SG
 Tel: 07470 474559
 E: rializechildcare@gmail.com

Sessions

Please tick which sessions you would require:

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club					
After School Club					

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 £10 per child, non-refundable, registration fee.

Signature of Parent/Carer:

Date:

Signature of Rialize Manager:

Date:

OFFICE USE ONLY: PR	Date:
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