**Child registration forms**

Some details may not be relevant to your child. You can leave these areas blank.

**Childs Details:**

Name: …………………………………………………………………. DOB: …………………………..

Gender: (please circle) **Male Female**

Address (including postcode): ………………………………………………………………………….

………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………….

**Parents/ Carers Details:**

Parent / Carer 1: ………………………………………………………………………………………………

Address (Including postcode): …………………………………………………………………………..

………………………………………………………………………………………………………………….........

………………………………………………………………………………………………………………………….

Do they have parental responsibility: **YES NO**

Phone: ………………………………………………. Work: ………………………………………………….

Mobile: ……………………………………………...

Job role: ……………………………………………………………………………………………………………

Parent / Carer 2: ………………………………………………………………………………………………

Address (Including postcode): …………………………………………………………………………..

………………………………………………………………………………………………………………….........

………………………………………………………………………………………………………………………….

Do they have parental responsibility: **YES NO**

Phone: ………………………………………………. Work: ………………………………………………….

Mobile: ……………………………………………...

Job Role: ………………………………………………………………………………………………………………..

Who does the child live with: ………………………………………………………………………….

**Emergency Contacts (if different from above)**

Emergency contacts are people who can be contacted if parent or carers are un-reachable, these are also people who has permission to collect the child other than parents or carers. Must be over 18 years old.

Name: …………………………………………………………………………………………………………….

Relationship to the child: ……………………………………………………………………………….

Phone: …………………………………………... Mobile: ………………………………………………

Name: …………………………………………………………………………………………………………….

Relationship to the child: ……………………………………………………………………………….

Phone: …………………………………………... Mobile: ………………………………………………

Name: …………………………………………………………………………………………………………….

Relationship to the child: ……………………………………………………………………………….

Phone: …………………………………………... Mobile: ………………………………………………

**Medical Information**

Does the child have any allergies? **YES NO**

Details: ……………………………………………………………………………………………………….

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…………………………………………………………………………………………………………………….

Is social services involved with the child? (If yes please discuss with manager)

**YES NO**

Is the child taking any long term/ regular prescribed medication?

**YES NO**

(Medical form and/ or heath care plan to be completed)

Does the child have any additional needs e.g. learning difficulty, speech and language or behaviour needs? **YES NO**

(Needs to be discussed further and plans put in place)

**Additional information**

Are there any court orders preventing any person form having contact with the child or for any other reason? **YES NO**

(If yes, please supply a photo or clear description of the person, discuss this further with the manager)

Does the child have any dietary needs e.g. Vegetarian? **YES NO**

Details: …………………………………………………………………………………………………………….

Any other information you feel we should know ……………………………………………..

………………………………………………………………………………………………………………………...

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**If any of the information in this form changes please inform us. It is important that all the information we hold is correct and up to date.**