

Registration Form



Your Child:

Surname:	Name:
Boy/Girl:	Date of birth:
Child's current class:	Starting date:

Parent/Guardian No 1:

Surname:	Name:
Address:	
Occupation:	
Tel home:	Tel work:
Mob tel:	Email:

Parent/Guardian No2:

Surname:	Name:
Address:	
Occupation:	Tel home:
Tel work:	Mob tel:
Email:	

Preferred method of contact: Email / phone

I/we acknowledge that I/we have read, understood & agreed to the BELingual's conditions of admission.

Child Name: Parent Name:

Date: Signature(s):

Registration Form



Medical History Report:

Name: Date of Birth:

Address:

Contact Numbers: Parent 1 mob: Parent 2 mob:

Home: Others:

Name of Doctor: Tel:

Address:

Has he/she been fully immunised against:

- Diphtheria Hib meningitis Measles Polio Rubella
 Tetanus Meningitis C Mumps Whooping Cough
-

2. Has he/she any allergies, including plaster, hay fever, nuts...?

Allergies:

Any treatment:

3. Does he/she suffer from Asthma? Any treatment:

4. Does he/she have any hearing or sight problems?

5. Does he/she have any other medical problems, we should know about?
.....

Name:

Date:

Signature(s):

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Emergency Contact details

Please fill in this form in order to contact someone in case emergency.

Child's Name:		Date of Birth:	
Address:			
Contact Numbers		Home:	
Parent 1 work:		Parent 1 mob:	
Parent 2 work:		Parent 2 mob:	
Email Address:			

Emergency contact numbers:

Name 1:
Relation to child:
Telephone:
Mobile:
Name 2:
Relation to child:
Telephone:
Mobile:

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Photo Permission form

BELingual may wish to take photographs or images of children to share with the parents or to include into the school's promotional material. BELingual needs parents' permission to do so.

Name of child:

I/we do give permission for photographs or images of my child to be used by BELingual to feature in (Please tick all that apply):

- BELingual 's promotional material.
- BELingual 's website
- BELingual 's album

or

- to record the child's development

Signature:

Date: