BELINGUAL – Registration Form

1. Child's Details

Surname _____ First name _____

Preferred name (if different) _____ Date of birth _____

Gender Boy ☐ Girl ☐ Prefer not to say ☐ Current school _____

School year _____ Home address: _____

Chosen language French ☐ Spanish ☐ German ☐ BSL ☐ Other ☐ → _____

How did you hear about BELingual? _____

2. Parent / Guardian 1 (main contact)

Name _____ Relationship to child _____

Mobile _____ Email _____

3. Parent / Guardian 2

Name _____ Relationship to child _____

Mobile _____ Email _____

4. Emergency contacts (if parents cannot be reached)

1 Name _____ Relationship _____ Mobile _____

2 Name _____ Relationship _____ Mobile _____

5. Medical & Additional Information

GP / Surgery name _____ Surgery telephone _____

Any medical conditions, allergies, disabilities, or special educational needs? ☐ No ☐ Yes – details

_____

Regular medication / treatment required _____

Anything else we should know? _____

6. Photo & Video Permission (please tick one)

☐ Yes – happy for photos/videos to be shared privately with the other parents in the class

☐ Yes – also happy for photos/videos on our website, social media, and printed material

☐ No – please do not take or share any photos or videos of my child

7. Declaration - I confirm the information is correct.

Child's name _____ Date _____

Parent / Guardian name _____ Signature _____