

WAGTAILS



REGISTRATION FORM

FAMILY NAME: _____

FIRST NAMES: _____

DATE OF BIRTH: _____ CLASS: _____

ADDRESS: _____

POST CODE: _____

PARENTS/GUARDIAN NAMES: _____

HOME TEL. NO: _____ WORK TEL.NO: _____

MOBILE/EMERGENCY CONTACT NO: _____

EMAIL ADDRESS: _____

In the unlikely event that staff are unable to contact you in an emergency, please sign below if you consent to Wagtails Staff taking advice or emergency medical treatment that in the opinion of a qualified medical practitioner is necessary for your child.

Parent/Guardians signature: _____

Doctor's name, address and telephone no: _____

Please give any information/ instructions about who will collect your child eg: the name of the adult, other than yourself, who will pick up your child regularly (ID will be required if the person is not known to the staff), or any individual who should not be allowed to do so.

From time to time, the staff and the children take photographs of each other for displays, evidences for Ofsted Inspections and for publicity purposes. This may or may not include sending items to the local paper/village magazine/village and/or school website – no names will be given.

If you **DO NOT WISH** your child to have their photograph taken for the above purposes please state here.

I abide and agree to the policies and procedures of Wagtails.

I have received a copy and agree to the Terms and Conditions.

(Signature of Parents/Guardians)

Dated _____

If you have any questions regarding this registration form please speak to a member of Wagtails staff.

WAGTAILS CONTACT NUMBERS:

0782 6646631 OR 0784 3966971

Any other information you feel staff should know e.g. Hobbies or dislikes:

Any on-going medical condition e.g. Asthma, Eczema, Epilepsy:

Allergies:

Medical/Ethnic dietary requirements: