

# 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.

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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.

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

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

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(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:**

**07729383237**

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: