



Registration form 2019

Child's Details

First name:	Surname:
Date of birth and current age:	First language:
Class teacher:	

Parent/Guardian details

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Work telephone number:			Work telephone number:		
Home number:	Mobile number:		Home number:	Mobile number:	
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details on separate sheet.)					

Emergency Contact Details (please provide details of two people we can contact if we are unable to get hold of you)

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

Child's Doctor

Name of Doctor:	
Address:	Telephone:

About your child

Please detail any additional/special needs your child has: (please provide full details)
Medical conditions / current medication:

Please detail any dietary requirements/ food allergies for your child: (please provide full details)

Is there anything your child doesn't like (food, games etc) or is scared of?

What are your child's favourite activities?

Signature of Parent/Carer:

Date:

Consent form

Consent must be signed by a person with parental responsibility.

Medical consent

I give my consent for my child to be taken to the doctor / hospital / dentist by a member of staff and to receive emergency medical treatment if, in the opinion of the doctor / surgeon / dentist, a delay is likely to endanger my child's health.

Signed:_____ Date:_____

Activity / Outing consent

I give permission for my child to take part in activities and outings around the local area including the Great Park Community Centre and local parks.

Signed:_____ Date:_____

School collection consent

I give permission for the staff at Butterflies and Bugs Limited to collect my child from their classroom and when necessary escort them to Great Park Community Centre.

Signed:_____ Date:_____

Sun cream consent

I give permission for my child to apply their own sun cream for protection. Please ensure that the cream is clearly labelled with your child's name. If children do not have their own sun cream then it will not be used.

Signed:_____ Date:_____

Photographs

I give permission for my child to be photographed for our public displays and scrapbooks in club.

Signed:_____ Date:_____

Website/Facebook photographs

I give permission for my child to be photographed to use on the Butterflies and Bugs Limited website and facebook page

Signed _____ Date _____

Elastoplasts / baby wipes

I give permission for my child to use elastoplasts / baby wipes when necessary.

Signed:_____ Date:_____