



REGISTRATION FORM

Name of child.....
Preferred name.....
Any previous names.....
Date of birth.....Place of birth.....
Male Female
Religion.....
Current address.....

.....
Previous address.....
School Attended.....
Name of Parent(s) / Guardian (s).....
Parent/Guardian address.....

Home telephone number.....
Work telephone number.....
Mobile numbers.....

Work name.....
Work address.....

Do you normally bring/collect your child? Yes No
Name of other persons who may collect your child.....
Address.....
Home telephone number.....
Mobile numbers.....

Name, address and phone numbers of other contacts in case of emergency.....

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Name of child's Doctor.....Surgery.....
Telephone.....
Names and roles of any professionals who have contact with the child/family and their contact details.....

Any relevant court orders in place including those which affect access to the child (residence order, care order, contact order, injunctions etc.) Is there any information from these orders that our setting needs to be aware of which will help us in the care of your child.
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.....

Is or has your child been on the child protection register Yes No

Are there any other factors which may impact on the safety and welfare of your child?.....
.....

Details of any previous school/settings your child has attended.....
.....

I give permission for staff to seek any records or evidence of any orders etc. including agreements for change of name from previous setting.

Signature.....

Details of any additional needs your child may have.....

	YES	NO
Does your child have any known medical problems? If yes please complete the medical form.	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any allergies (e.g. foods or materials)? If yes please state.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you give permission for your child to wear face paints	<input type="checkbox"/>	<input type="checkbox"/>
Do you give permission for your child to watch PG rating video/DVDs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you give permission for us to take your child's photo for display purposes within the club?	<input type="checkbox"/>	<input type="checkbox"/>
Do you give permission for us to take your child's photo for publicity e.g. newspaper, leaflets and posters?	<input type="checkbox"/>	<input type="checkbox"/>
Do you give permission for your child's name and photo be published On The Base's website and social media?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any special cultural needs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to your child taking part in local trips for example for a walk to the park or around the village?	<input type="checkbox"/>	<input type="checkbox"/>
Do we have permission to apply sun cream to your child in hot Conditions?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had a Tetanus vaccination	<input type="checkbox"/>	<input type="checkbox"/>

Please discuss with staff if you are unsure of giving permission to any of the above.

Should there be any other information you would like to share with us to assist us to ensure your child is happy and content please see a member of staff.

Terms and Conditions

The Base is committed to providing a fair and open admissions system that offers a competitively priced and good value service.

Payments

Payment of fees should be made weekly and should be cleared by Friday of the following week.

I AGREE TO PAY MY THE BASE BILL WEEKLY.

I have read the registration booklet and I will abide by The Bases policies and procedures.

"I consent to any emergency medical treatment necessary whilst my child is at The Base.
I authorise The Base staff to sign a hospital consent form if in a doctors opinion delay would endanger my child's health".

I also agree it is my responsibility to inform The Base staff of any changes to the above registration form e.g. phone numbers or change of address etc.

Signature.....

Date.....