

WAGTAILS REGISTRATION FORM

FAMILY NAME: FIRST NAMES:

DATE OF BIRTH: CLASS NO:

ADDRESS:

PARENT/GUARDIANS' NAME/S:

HOME TEL NO: WORK:

MOBILE/EMERGENCY CONTACT NO:

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/Guardian's signature:

Doctor's name, address and telephone no:

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Any on-going medical condition ie. Asthma, eczema, epilepsy:

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Allergies:

Medical/Ethnic dietary requirements:

Please give any information/instructions about who will collect your child eg. the name of an adult, other than yourself, who will pick up your child regularly (ID will be required if the person is not known to staff), or any individual who should not be allowed to do so. Any parent wishing their child to walk home alone must give written consent.

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Any other information you feel staff should know eg. hobbies or dislikes

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From time to time, the staff and the children take photographs of each other for displays, evidences for our Aiming High Award/Ofsted Inspections and for publicity purposes. This may or may not include sending items to the local papers/village magazine/village 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 to and agree to the policies and procedures of Wagtails.

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Signature of Parent

If you have any questions regarding this registration form please speak to the Wagtails' staff.