



Registration Form

Child's Details

Child's Name		Class	
Address		Telephone number	
Date of Birth			

Parent Details

Name		Name	
Relationship to child		Relationship to child	
Occupation		Occupation	
Phone		Phone	
Mobile		Mobile	
e-mail			

Alternative Contact Details (someone we can contact in addition to parent/carer)

Name		Phone	
Who should we contact first in case of emergency?			



About your child

Child's doctor		Doctor's address	
Does your child have any health problems or allergies you would like us to know about?			
<i>Please note that if you need us to administer any medication you will need to complete a Medicine Record Form with the person in charge.</i>			
Please state immunisations your child has had with dates if known.			
Does your child have any special needs?			
Does your child have any special dietary requirements?			
Is there anything else you'd like us to know?			
In order to help us comply with our equal opportunities policy, please tell us your child's ethnic origin and religion (optional)			

Please sign and return this form before your child's first session with us.

Signed _____ Date _____