



Registration Form for Key Workers

1. Child Details

Child's surname First Name.....
Address Post Code.....
.....
..... Gender M/F
Telephone No D.O.B...../...../.....
Religion Ethnic origin
Position in family..... Email
GP.....
Health Visitor
Dentist.....

2. Family Details

Parent/Guardian	Father	Mother
Name

Address

Phone No.
Occupation
Work Hours
Work/Mobile No.
Parental Responsibility

Siblings

Name	DOB	SCHOOL
...../...../.....
...../...../.....
...../...../.....
...../...../.....

3. School Details

Current Primary School

4. Emergency Contact Details

- 1. Name.....
Relationship:..... Tel. No.....
- 2. Name.....
Relationship:..... Tel. No.....
- 3. Name.....
Relationship:..... Tel. No.....

5. Health & Dietary Needs

Does your child require any medicine to be administered (please state, if yes you may need to fill out an Administration of medication form) YES/NO

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Does your child have any allergies (please state)?

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Does your child have any special dietary needs (please state)?.....

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Is there anything else you would like us to know about your child's health?

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Are there any other professionals involved in your child's care (e.g. speech therapist, physiotherapist, social services, children's adolescence & mental health service etc.)?

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Brought & collected by.....

Any person not allowed to collect.....

Signature.....

Date.....