



Olbe



Tick if RECEPTION

Registration Form

Child's Details

Date of Registration:

First name:	Surname:	What s/he likes to be called:
Date of Birth:	First language:	Ethnicity:

Parent/Guardian details (Please indicate who has legal parental responsibility)

Title:	First name:	Surname:	Title:	First name:	Surname:
Home address:		Parental responsibility?	Home address (if different):		Parental responsibility?
<input type="checkbox"/> Tick if child normally lives at this address			<input type="checkbox"/> Tick if child normally lives at this address		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Is there anyone else who has legal contact with your child? Yes No			Name		

Emergency contact details (please provide details of 2 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:

Details of child's doctor

Name of Doctor:	
Address:	Telephone:



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About your child

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

For example any special educational needs, Early Years Action / School Action etc.

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

Are there any agencies working with your child such as a health professional / social worker etc? If so please tell us their name and contact details.

Does your child have any specific health requirements?

In the event that an adult not known to us comes to collect your child, please give us a password. We will always contact you before we allow an unknown adult to collect your child.

Password –

Sessions required

Please tick boxes below for the sessions you require.

All sessions must be pre booked in advance so we can ensure the correct ratio of staff to children.

Monday		Tuesday		Wednesday		Thursday		Friday	
7.45 - 9am		7.45 - 9am		7.45 - 9am		7.45 - 9am		7.45 - 9am	
3.15 - 6 pm		3.15 - 6 pm		3.15 - 6 pm		3.15 - 6 pm		3.15 - 6pm	

Signed Date

Reminder – Days booked must be paid for regardless of attendance. ALL payments must be made in advance.

