

**Registration and contact form.**

Name of child.....Date.....

Name of parent.....

Address.....  
.....

Telephone number.....

Mobile number.....

Work telephone number.....

Age of child.....

Date of birth.....

Nationality.....

Preferred start date.....

Please name the person/persons responsible for the collection of your child from myself.

(You may include passport sized photographs if you wish)

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Who has parental responsibility.....

Doctors name and address.....  
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Health visitors name.....

Other emergency contacts

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Additional information.....  
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Signed .....parent/carer  
(Delete as appropriate, to be signed by all persons with legal responsibility for the child. Please attach any relevant court orders.)

Date.....