**Childcare Registration**

|  |  |
| --- | --- |
| Parent 1 Full Name (primary carer) |  |
| Parent 1 Occupation |  |
| Parent 2 Full Name (& address if different from child’s) |  |
| Parent 2 Occupation |  |
| Parent Email Address |  |
| Parent Phone Number |  |
| Child’s Full Name |  |
| Child’s Date of Birth |  |
| Child’s Nationality |  |
| Address (child’s primary residence) |  |
| Allergies, Dietary Requirements, Medical Needs, SEND etc. |  |
| Emergency Contact Details (min. 2 names and phone numbers) |  |
| Collection Authorisation (list all people who may collect your child) |  |
| Is your child involved with Social Services/Paediatrician Services? |  |
| Parent ID seen (if Early Years): |  |
| Child’s birth certificate presented (if Early Years): | Original / photocopy / electronic image |

**Permissions**

* I give permission for my child to have first aid administered by Free Spirits staff as and when required: YES/NO
* I give permission for my child to have sun cream applied by Free Spirits staff as and when required: YES/NO
* I give permission for my child to be taken to hospital and/or have emergency paramedic treatment as and when required: YES/NO
* I give permission for Free Spirits staff to take identifiable photographs/videos of my child for use on company media e.g. the Facebook page, website, which will not bear the children’s name: YES/NO

Please add any relevant information here (even if included on the Registration Form) e.g. relating to allergies, first aid, medical conditions, use of photographs/videos etc:

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_