

Registration Form

Child's surname.....Child's Forenames.....

Other names used.....Gender.....

Religion.....Position in Family.....

Date of Birth.....Parents names.....

Address.....

.....Postcode.....

Home telephone.....e-mail address.....

Work telephone Mobile telephone.....

Parents' occupation.....

Person/people authorised to collect child and telephone number

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Emergency contact number and name.....

Doctors name, address and telephone number.....

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Childhood illnesses suffered.....

Immunisations given to date.....

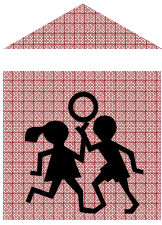
Details of any allergies, dietary needs, chronic illnesses and treatment that may be required.

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Details of any outside agencies involved e.g. Speech therapist

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Anticipated start date.....

Days you wish your child to attend.....

Any further information.....

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I do/do not give permission for.....
to receive routine or emergency medical treatment in the event of an emergency.

I do/do not give permission for
to go on walks and visit places of interest in the locality of Steventon. Notice will be given to parents of all outings when a minimum ratio of 3: 1 adults will occur.

I do/do not give permission for my name, address and telephone number to be circulated amongst other parents only.

I do/do not give permission for photographs to be taken of my child at school. These may be used for record keeping, craft projects, marketing, the website or future prospectuses and publications, concerning Steventon Children's House. These will be available for viewing by the parent.

I would like to register my child for Steventon Children's House to commence as detailed on this form and enclose the registration fee of £30 to guarantee a place.

I understand that a refundable deposit of £100 is due on the final introductory morning. This will be refunded provided that one terms written notice is given prior to the child leaving.

Signed.....Parent/Guardian

Date.....