|  |
| --- |
|  |
|  |
|

Registration

**Family Details**

Name of Mother …………………………………………..

Child’s Name …………………………………………….. Boy/Girl

Date of Birth ……………………………

Siblings:

Has your child got any additional needs? If yes please state

…………………………………………………………………………….

Do you have any additional needs? If yes please state

……………………………………………………………………………..

Religion…………………………………………

Telephone Number …………………………

Address …………………………………………………………………………………………………

…………………………………………………………………………………………………

Postcode …………………………………

Email…………………………………………………………………………………………..

Name of father …………………………………………..

Religion…………………………………………

Telephone Number …………………………

Address …………………………………………………………………………………………………

**Emergency Contract Details**

1. Name………………………………………….

 Tel……………………………………………..

Relationship to this person ………………………………………………………………

1. Name……………………………………

 Tel……………………………………….

Relationship to this person ………………………………………………………………

**Doctor’s Name**

……………………………………………………. Tel……………………………

Name of Doctor’s surgery

……………………………………………………………………………………..

Allergies (child)/Medication

……………………………………………………………………………………

Allergies (adult)/Medication

……………………………………………………………………………………

Signed …………………………………………… Date / /

Parent/ Guardian

Please note: this registration is for the purpose of Guiding Hands Organisation CIC and does not affect your statuary rights for data protection act 2006