

Registration Details



Mrs M. Coypu
17 Bankside
Foxholes
Anytown
Northumberland
AA1 9ZZ

Kidspace
13 River Dale
Foxholes
Anytown
Northumberland
AA1 9ZZ
Tel: 01234 567890

OFSTED: EYC 98765

Date: 9 August 2011

Dear Mary

We need to confirm our registration details about your family .

Please check the details on the left side of the form and use the fields on the right side of the form to make corrections or add new details as required. Sign the form below and return it to us as soon as possible. This information will be held on a computer and used in accordance with the Data Protection Act .

Signed: _____ Date: _____

Person with Parental Responsibility / Main Contact

1. Title: Mrs
First Name: Mary
Last Name: Coypu
Relationship: Parent
Order to contact (if any): 1
Do You Have Parental Responsibility?: Yes

2. Phone: Day: 05555 161616
Night: 05555 171717
Mobile:

3. e-mail: coypus@superfox.org.uk

4. Address: Line 1: 17 Bankside
Line 2: Foxholes
Town: Anytown
County: Northumberland
Postcode: AA1 9ZZ

1. _____

_____ Use 1 for 1st, 2 for 2nd, etc.
_____ Use Yes / No

2. _____

3. _____

4. _____

Child

- 1. First Name: Rose
Last Name: Coypu
Middle Name (if any):
Date of Birth: 2 January 2004
Town of Birth: Anytown
Gender: Female
Password: Baltic Sea
- 2. Legal names (if different):
First Name:
Last Name:
Middle Name (if any):
- 3. Other Nurseries in use 1:
Nursery 2:
Nursery 3:
- 4. Doctor: Name: Dr A. Finlay
Tel: 05555 222222
Tel (Out of Hours): 05555 222222
- 5. Dentist: Name: Miss R. Confidence
Tel: 05555 777777
Tel (Out of Hours): 05555 777777
- 6. Medical Conditions & Special Diet Notes
Lacto-ovo vegetarian. (i.e. doesn't eat meat, fish or animal products e.g. gelatin, rennet.)
- 7. General Notes. Please tell us about your child's interests, cultural background, likes, dislikes, etc.

Likes dressing up, playing with dolls and dancing. (Ballroom, disco and line dancing.)

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

- 6.
- 7.

Child (continued)

First Name:	Rose	_____
Last Name:	Coypu	_____
Middle Name (if any):		_____

8. Ethnicity

White, British

Please tick one option from the list below

- White, British
- White, Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- White, any other White Background
- Mixed, White and Black Caribbean
- Mixed, White and Black African
- Mixed White and Asian
- Mixed, any other mixed background
- Asian or Asian British, Indian
- Asian or Asian British, Pakistani
- Asian or Asian British, Bangladeshi
- Asian or Asian British, Any other Asian Background
- Black or Black British, Caribbean
- Black or Black British, African
- Black or Black British, Any other Black background
- Chinese
- Any other ethnic background
- Do not wish to be recorded

9. Consent

- Medicines consent
- Outings consent
- Photographs consent
- Face painting consent
- First aid consent
- Sun screen consent

Please tick if you consent to the following

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I consent to my child having prescribed medicines administered as described in section 6, 'Medical Conditions & Special Diet Notes'. |
| <input type="checkbox"/> | <input type="checkbox"/> | I consent to my child participating in off-site outings. |
| <input type="checkbox"/> | <input type="checkbox"/> | I consent to my child having their photograph taken for use in the Setting and for publicity. |
| <input type="checkbox"/> | <input type="checkbox"/> | I consent to my child participating in face painting activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | I consent to the setting staff administering Emergency First Aid and to seek necessary medical advice or treatment as required. |
| <input type="checkbox"/> | <input type="checkbox"/> | I consent to my child having sun screen applied as required. |

Child

1. First Name: Rachel
Last Name: Coypu
Middle Name (if any):
Date of Birth: 2 October 2000
Town of Birth: Anytown
Gender: Female
Password: Baltic Sea

2. Legal names (if different):
First Name:
Last Name:
Middle Name (if any):

3. Other Nurseries in use 1:
Nursery 2:
Nursery 3:

4. Doctor: Name: Dr H. Jeckyll
Tel: 06666 777777
Tel (Out of Hours): 06666 777777

5. Dentist: Name: Dr D. Fang
Tel: 0333 222 4444
Tel (Out of Hours): 0333 222 4444

6. Medical Conditions & Special Diet Notes
Lacto-ovo vegetarian. (i.e. doesn't eat meat, fish or animal products e.g. gelatin, rennet.)

7. General Notes. Please tell us about your child's interests, cultural background, likes, dislikes, etc.

Likes reading, playing piano, dancing and Brownies.

1. _____

2. _____

3. _____

4. _____

5. _____

6.

7.

Child (continued)

First Name: Rachel _____

Last Name: Coypu _____

Middle Name (if any): _____

8. Ethnicity

White, British

Please tick one option from the list below

- White, British
- White, Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- White, any other White Background
- Mixed, White and Black Caribbean
- Mixed, White and Black African
- Mixed White and Asian
- Mixed, any other mixed background
- Asian or Asian British, Indian
- Asian or Asian British, Pakistani
- Asian or Asian British, Bangladeshi
- Asian or Asian British, Any other Asian Background
- Black or Black British, Caribbean
- Black or Black British, African
- Black or Black British, Any other Black background
- Chinese
- Any other ethnic background
- Do not wish to be recorded

9. Consent

- Medicines consent
- Outings consent
- Photographs consent
- Face painting consent
- First aid consent
- Sun screen consent

Please tick if you consent to the following

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I consent to my child having prescribed medicines administered as described in section 6, 'Medical Conditions & Special Diet Notes'. |
| <input type="checkbox"/> | <input type="checkbox"/> | I consent to my child participating in off-site outings. |
| <input type="checkbox"/> | <input type="checkbox"/> | I consent to my child having their photograph taken for use in the Setting and for publicity. |
| <input type="checkbox"/> | <input type="checkbox"/> | I consent to my child participating in face painting activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | I consent to the setting staff administering Emergency First Aid and to seek necessary medical advice or treatment as required. |
| <input type="checkbox"/> | <input type="checkbox"/> | I consent to my child having sun screen applied as required. |

Trusted Friends / Family Members

1. Title: Mr
 First Name: Peter
 Last Name: Coypu
 Relationship: Parent
 Order to contact (if any): 2
 Has Parental Responsibility?: Yes

2. Phone: Day: 0333 444 3333
 Night: 05555 171717
 Mobile:

3. e-mail: coypus@superfox.org.uk

4. Address: Line 1: 17 Bankside
 Line 2: Foxholes
 Town: Anytown
 County: Northumberland
 Postcode: AA1 9ZZ

1. _____

 _____ Use 1 for 1st, 2 for 2nd, etc.
 _____ Use Yes / No

2. _____

3. _____

4. _____

Trusted Friends / Family Members

1. Title: Mrs
 First Name: Mary
 Last Name: Marmot
 Relationship:
 Order to contact (if any):
 Has Parental Responsibility?: No

2. Phone: Day: 05555 120012
 Night: 05555 120012
 Mobile:

3. e-mail: marmots@superfox.org.uk

4. Address: Line 1: 14 Bankside
 Line 2: Foxholes
 Town: Anytown
 County: Northumberland
 Postcode: AA1 9ZZ

1. _____

 _____ Use 1 for 1st, 2 for 2nd, etc.
 _____ Use Yes / No

2. _____

3. _____

4. _____

