

# FORM 1 – REGISTRATION FORM



## Registration Record for Children's Fun Days – *FILL IN ONCE ON FIRST FUN DAY*

Child's Full Name	Date of Birth	School	School Year
Names of any similar age children your child would like to be in a group with:			
Home address			
Full name(s) of parent(s)/guardian(s)	Home/mobile number	Email	
Name of emergency contact on day (if different from above , we need two contacts)	Number	Relationship to child	
Whilst in our care, it would be helpful for us to know some more information about your child(ren). If there is, please say which child it is for.			
Do they have any food allergies?	Yes / No	Details (please continue on separate sheet if necessary)	
Do they have any medical conditions?	Yes / No		
Are they on medication?	Yes / No		
Do they have any special needs?	Yes / No		
Is there anything else we need to know about them?	Yes / No		
GP's name, address and telephone number			