



Moorside Buddies Registration Form

Full Name of Child..... Name used.....

Date of Birth..... Language spoken at home.....

Address.....

..... Post Code.....

Home Telephone number.....

Your work or mobile number.....

Any known allergies/ special care/ dietary needs/religious requirements?

.....

.....

Full Name of Second Child.....Name used.....

Date of Birth.....

Any known allergies/ special care/ dietary needs/religious requirements?

.....

.....

Emergency Contact names and telephone numbers. **Please ensure we are updated with any changes to these.**

First Contact

Name.....

Relationship.....

Telephone Number.....

Mobile Number.....

Second Contact

Name.....

Relationship.....

Telephone Number.....

Mobile Number.....

Please state the names of the people who will regularly be collecting your children.

.....

.....

Please state a security word that may be used for identification if you are unable to collect your child.

.....

Our qualified First Aiders may have to administer treatment /emergency procedures to your children. Please delete any preparations you do not wish them to use:

Micropore tape/ Antiseptic Wipes/ Elastoplasts.

Please may we have your permission, in case of medical emergency, to involve the emergency services? We would always notify you of this occurrence. Permission for First Aid treatment/ procedures/ involvement of emergency services:

Yes/ No (Delete as required)

Doctor's Name.....

Practice Name.....

Address.....

..... Post Code.....

Telephone Number.....

We will be taking photos for display use and sometimes for inclusion in our newsletter. Please delete as appropriate to indicate your agreement. I consent to my child being photographed: Yes/No

I have read the guidelines and polices and agree to abide by these conditions.

Signed.....Date.....