Tree Tops

Registration/Emergency Contact Form

(Please complete one form for each child
if more than one child is attending)

Child's Details

Surname ..... First Name .....

Date of Birth ..... Address .....

.....

Post Code ..... Home Number .....

Contact 1

Name ..... Relationship to Child .....

Address .....

Telephone Number .....

Work Number .....

Mobile Number.....

Contact 2

Name ..... Relationship to Child .....

Address .....

Telephone Number .....

Work Number .....

Mobile Number.....

Contact 3

Name ..... Relationship to Child .....

Address .....

Telephone Number .....

Work Number .....

Mobile Number.....

Secret password if you have asked a different adult to collect your child

.....

Medical Information

Name of Doctor ..... Telephone Number.....

Address of Doctor's Practice .....

Allergies .....

.....

Do you consider your child to have a disability? If yes, please provide details below:

.....

.....

Please use the space below to record any information that you feel is important with regard to your child whilst at Tree Tops e.g. medical needs including details of any medication.

.....

.....

.....

.....

Sometimes we may photograph the children and display these photos in school or on the website. It is a legal requirement that we request your permission for this. Please indicate whether you give your consent to this below.

I agree / do not agree * to my child/ren being photographed whilst at Tree Tops and these photos being display in school or on the website (*please delete as appropriate).

Signed .....

Thank you for taking the time to complete this form. Please let us know immediately if any of these details change.