

Toddler Group Registration Form



Start date:

Child's Full Name:		Child's Age at Registration:	
Date of Birth:	Age:	Male/Female	
Address:			
Home tel:		Mobile:	
Email:			

Parents/Guardians Details

Name:	Address (if different to Child)
Relationship to child:	
Tel:	
Name:	Address (if different to Child)
Relationship to child:	
Tel:	

Emergency Phone No's: (please list in priority order) 1 being first person we contact

	Name:	Tel:
1		
2		
3		
4		

Religion:	
Language/Language understood/Ethnicity:	Languages spoken:

Medical Details

Doctor name:	
Address:	
Tel:	
Health Visitors Name:	

Health Record

Dietary Requirements: Yes/No (If yes, please give details)
Allergies: Yes/No (If yes please give details)
Medical condition: e.g. asthmatic/speech/fits etc.
Medication Required: (If any)
Will any medication need to be administered while attend club? Yes/No If yes please give details:

I/we agree to abide by the terms and condition of this Club, which I have read.

Under the General Data Protection Regulations, we have to be transparent about how we collect data, store and dispose of it. All personal information is stored securely and destroyed once your child leaves. An exception to this is and safeguarding/accidents or incidents which must legally be kept for 21 years and 3 months.

Parents/Guardians Signature:	Date:
Print Name:	

