



BISHOPSWOOD SCHOOLS FEDERATION
The Orchard

Registration Form

Child's Details :

Surname	
Forename(s)	To be known as
Address	
.....	Postcode
Date of Birth	Contact Tel No(s)
.....	

Parent/Carer Details

Mother/Father/Guardian
Name
Address (if different from above)
.....
.....
Daytime/Work Tel No & Ext
.....
Mobile No
Email

Father/Mother/Guardian
Name
Address (if different from above)
.....
.....
Daytime/Work Tel No & Ext
.....
Mobile No
Email

Data Protection

Please note : This information may be shared electronically. All information is kept in confidence with the Data Protection Act and held in the strictest of confidence.

Emergency Contacts

Please give details of at least two other people suitable to be contacted in case of an emergency and that they are able to collect your child should the need arise.

Contact 1

Name

Home Tel No

Mobile Tel No

Location of Contact

Contact 2

Name

Home Tel No

Mobile Tel No

Location of Contact

Collection Arrangements

Please can you list below the name/s of any adults (together with relationship to your child) who you give permission to collect your child from the after school facility.

Family Doctor

Name of Doctor Tel no

Name of Surgery

Address

I agree that staff may seek medical advice in the event of any emergency. I consent to any emergency medical treatment necessary whilst my child is in attendance at The Orchard.

Yes No

Child's Health

Health concerns ...e.g hearing, sight, special conditions, need for regular medication etc.,
(Please indicate any special educational needs and/or physical disabilities statement.)

.....
.....

Dietary Requirements e.g details of any food allergies or significant food and drink preferences

.....
.....

Allergies e.g plasters, pollen, animal hair, dust etc.,

.....
.....

Custody and Court Orders

Please indicate whether there are any Court Orders affecting your child :

Yes No

If YES, please indicate which Court made the order and the date:

.....

Please also provide specific details e.g residence, contact/access, prohibited steps, specific issues

.....

Additional Information

Please consider the following statements and indicate your wishes:

- I agree to staff applying sun cream (that I have supplied named) Yes / No
- I agree to my child undertaking cooking and tasting activities Yes / No
- I agree to my child’s photograph being used Yes / No
(to illustrate activities. Names will never be used in conjunction with the photos)

I have received a copy of the Parent’s Information Booklet Yes / No

Any other information

Please indicate below any other information that you think we should know. Please include any changes in family circumstances etc., You may speak with a member of staff in confidence if you so wish.

Declaration

I hereby consent for my child to take a place at The Orchard, according to the terms and conditions set out in its policies and procedures. I have understood the expectations and obligations relating to both myself and the club and agree to abide by them.

I understand that persistent late or non-payment of fees will jeopardise my child’s continued attendance of the club.

I understand that all information held will be kept secure and used to contact, invoice or email and for no other purposes.

All information is not passed on to any third parties.

I confirm that the information given is correct and I shall inform The Orchard if there are any changes.

Signature Date