



## REGISTRATION FORM

### Child's Details

Child's Surname:		Forename:	
Favoured Name:		Class:	
DOB/Age currently:		Male/Female:	
Nationality & Religion*:		School name if not Warren Road:	

\*optional but useful for faith celebration events

### Parent/Carer's Details

Title:	Surname:	Forename:	Title:	Surname:	Forename:
Home address:			Home address (if different):		
Does your child normally live at this address? Yes/No			Does your child normally live at this address? Yes/No		
Home No:	Mobile No:	Work No:	Home No:	Mobile No:	Work No:
Email address ( <b>clearly please</b> ):			Email address ( <b>clearly please</b> ):		
Occupation:			Occupation:		

### Emergency Contact Details (in addition to Parents/Carers above) – preferably someone local

**\*please note – 2 contact numbers must be provided**

Title:	Surname:	Forename:	Title:	Surname:	Forename:
Home address:			Home address:		
Relationship to child:			Relationship to child:		
Home No:	Mobile No:	Work No:	Home No:	Mobile No:	Work No:

**Child's Doctor**

Name of Doctor & Surgery:		
Address:		Telephone:

In the event that my child is involved in a serious accident, I expect to be contacted immediately on the above telephone numbers. Should my child require immediate medical treatment and you have not been able to contact either of the emergency contacts above, I hereby authorise the Manager or delegated member of staff to consent to emergency medical treatment on my behalf necessary to ensure the health and safety of my child. I understand this authorisation will remain valid unless I cancel it in writing.

**Details of any Special Needs, Health & Medical Information**

Any special education needs?	
Any physical disability needs?	
Medical conditions?	
Regular medication – please specify*?	
Dietary requirements or restrictions/allergies	
Any other information?	

\*Please note that children who have been prescribed inhalers should have a working inhaler, clearly labelled with their name, which they should bring to Beyond. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies.

I confirm that I have read and understood the Terms & Conditions.

**Signature of Parent/Carer:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**For Beyond office use only**

Date Received: \_\_\_\_\_