All information is strictly confidential. Please complete fully in ink and BLOCK CAPITALS.

CHILD'S DETAILS	
Child's Surname:	First name{s}:
Name normally used	Date of birth Sex :
Religion	
ADDRESS DETAILS	
Street:	-
Town:	Email Address
County:	Telephone No:
Postcode:	
FATHER'S WORK DETAILS	MOTHERS WORK DETAILS
First Name :	
Surname :	
Workplace:	Workplace :
Address:	Address:
Town:	Town:
County:	County:
Postcode:	Postcode:
Telephone No:	Telephone No:
Email Address:	Email Address :
Mobile No:	Mobile No:
	D 41: 41 41 41 41 41 41 41 41 41 41 41 41 41
Does this parent have parental responsibility? YES/NO	Does this parent have parental responsibility? YES/NO
Pick UpYES/NO	Pick UpYES/NO
Pick UpYES/NO	Pick UpYES/NO
EMERGENCY CONTACTS/COLLECTED BY	
1 st Contact Name :	2 nd Contact Name:
Relationship to Child:	Relationship to Child:
Telephone No:	Telephone No:
Mobile No:	Mobile No:

If someone other than the people named in the form, are to collect your child you must inform us in advance.

WE WILL NOT COMPROMISE YOUR CHILD'S SAFETY BY RELEASING THEM INTO CUSTODY OF ANY UNAUTHORISED PERSON.

DETAILS OF BROTHERS AND SISTERS

Name Date	Date of Birth		School	
Please give reasons for wanting your child t	o attend nurse	ry		
Present arrangements for supervision of yo	ur child during	the day		
Do you have a preference for an am/pm pla	ace? Please giv	re reasons e.g. w	vork commitments	
FORMER SCHOOL/ NURSERY/PLAYGROUP	/ MOTHER TO	DDLER GROUP		
Name of Establishment Stage on Leaving	Address	Tele	Telephone No:	
MEDICAL INFORMATION				
Does your child have any allergies?	Any other he be aware?	Any other health problems of which we should		
Asthma □ Nut □ Other □	De aware:			
Doctors Name:	Address & T	elephone No:		
Health Visitors Name:	Social Wor	Social Worker's Details:		
ETHNIC ORIGIN OF CHILDREN	Please ✓ o			
White, British	White, Irish	ie		
White, other Background	Gypsy, Rom	a/ Traveller		
Mixed White & Black Carribean		& black African		
Mixed, white and Asian	· · · · · · · · · · · · · · · · · · ·	r mixed backgroui	nd	
Asian or Asian British, Indian	Asian or Asi	an British, Pakast	tani	
Asian or Asian British, Bangladeshi	Asian or Asi	an British, other A	∖sian	
Black or Black British, African	Chinese	Chinese		
Any other ethnic Background	Do not wish	to be recorded		
Is English your second language? If not what is your first language?	s Yes	s / No		
Does your child have a disability, long standing illness or infirmity? If yes, please specify:	Ye	s / No		
Does your child have a parent serving in the armed forces?	Ye	s / No		

WEAL ARRAN	IGENIEN I S			
Free □	School Meal		Packed Lunch □	
ABSENCES - It is important that you let us know immediately if your child is to be absent for whatever reason.				
PARENTAL	CONSENT			
•	sion for a member a doctor} or to a		inister medicine .id to my child when require	Yes/No ed
•	sion for photogra chool publications		-	Yes/No
to appear on t	sion for photos/V he school websit never named on	e, e newsletter a	d{ren} and marketing material	Yes/ No
•	sion for my child shird parties e.g. o			Yes/No
treatment as co	•	sary by the medi	gency/surgical/dental cal authorities present. ite.	Yes/No
,	ou to share infor	mation of my chi	ld between settings	Yes/No
SCHOOL EX	CURSION APPR	ROVAL		
Throughout the school year pupils may be involved in learning experiences, which take them out of the school, but still within the Alnwick Area. These excursions will be curricular activities or educational, where pupils will be under regular supervision of staff on foot (Nursery & Reception aged children 1-5 and above that age 1-6). Our regular helpers are CRB checked as volunteers. To allow your child to participate you are asked to give your consent by signing below.				
Pupils may on occasion be driven in private cars by staff/parent/volunteers – who are insured for this purpose. This would be for out-of school sporting events and details of each event and names of drivers/helpers will always be discussed with Parents/Carers prior to the events.				
Any journeys	within or outside	of the Alnwick a	area by coach will also be s	sought separately.
I declare that to the best of my knowledge the information given in this registration application is true and correct. I consent to the use of the above information for the above stated purposes, including allowing the information to be shared with other sections of Education & Children's Services and relevant agencies working with the school.				
Signature:			{ Parent	t / Carer }

Date:

PRINT NAME