**Registration Form**

**Child’s details**

Name ..............................................................................

Address............................................................................

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Date of birth..................................................................

National curriculum year group.......................................

School.........................................................................

Whilst your child is in our care it would be helpful for us to know whether he/she suffers from any allergies, is on any medication or whether there is anything else you would consider important for us to know.

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NHS number..........................................

Family doctor’s name and address.............................................................

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**Your details and consent.**

Phone number in case of emergency......................................

Email address for sending consent forms, notifications etc

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Signed............................................................................parent/guardian

Date..........................................................................