

St Matthew's Pre- School Registration form

Child's details *Child's first name(s)*

Surname/

Family Name

Name known as

Child's full address
Including postcode.

Gender

Date of birth

Family details

Name of parent(s)/carer(s) with whom the child lives:

Contact details 1 (including emergency information):

Parent/carer full name

Relationship to child

Daytime/work telephone

Mobile

Home telephone

Email

Home address

Work address

Does this parent have parental responsibility for the child? Yes/No (*delete*)

Does this parent have legal access to the child? Yes/No (*delete*)

Contact details 2 (including emergency information):

Parent/carer full name

Relationship to child

Daytime/work telephone

Mobile

Home telephone

Email

Home address

Work address

Does this parent have parental responsibility for the child? Yes/No (*delete*)

Does this person have legal access to the child? Yes/ No

Other person(s) with legal contact *To be completed where those persons with parental responsibility are separated and an S8 Order is in place*

Name

Address

Contact telephone numbers

Relationship to child

What are the contact arrangements that the setting needs to know about?

Emergency contact details if parents are not available *Emergency contacts must be local. Please advise emergency contacts that their details will be held by Pre-School.*

Contact 1 - Name

Daytime/work telephone

Home telephone Mobile

Address

Relationship to child

Contact 2 - Name

Daytime/work telephone

Home telephone Mobile

Address

Relationship to child

Persons other than parent(s) authorised to collect the child *Must be over 16 years of age. Please advise authorised persons that their contact details will be held by Pre-School.*

Person 1 - Name

Daytime/work telephone

Home telephone Mobile

Address

