

Tick if EYFS child ☐

Riverside Rainbows Registration Form

Child's Details

Date of Registration:

| | | |
|--------------------------------|-------------------------------------|-------------------------------|
| First name: | Surname: | What s/he likes to be called: |
| Date of birth and current age: | School attended: First language: | Name of key person: |

Parent/Guardian details

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------|----------------|--------------|---------------------------------------------------------|----------------|--------------|
| Title: | First name: | Surname | Title: | First name: | Surname |
| Home address: | | | Home address (if different): | | |
| Does this child normally live at this address? Yes / No | | | Does this child normally live at this address? Yes / No | | |
| Work address: | | | Work address: | | |
| Home number: | Mobile number: | Work number: | Home number: | Mobile number: | Work number: |
| Email address: | | | Email address: | | |
| Does this person have parental responsibility? Yes / No | | | Does this person have parental responsibility? Yes / No | | |
| Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details overleaf.) | | | | | |

Emergency Contact Details (please provide details of two people we can contact if we are unable to get hold of you)

| | | |
|----------|-------------------|----------------------------|
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |

Child's Doctor

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|-----------------|------------|
| Name of Doctor: | |
| Address: | Telephone: |

About your child

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|-------------------------------------------------------------------------------------------------------|
| Please detail any additional/special needs your child has: (please provide full details) |
| Please detail any dietary requirements / food allergies for your child: (please provide full details) |
| Is there anything your child doesn't like (food, games etc) or is scared of? |
| What are your child's favourite activities? |

Signature of Parent/Carer

Date:
