



**FORM A**

**Ad Hoc Registration Form**

**Child's Details**

PLEASE COMPLETE IN CAPITAL LETTERS

Tick if EYFS child

First name:	Surname:	What s/he likes to be called:
Date of birth:	Current age:	First language:

**Parent/Guardian Details**

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Email address:			Email address:		
Home number:			Home number:		
Mobile number:			Mobile number:		
Does this Child normally live at this address? Yes / No			Does this Child normally live at this address? Yes / No		
Work address:			Work address:		
Work number:			Work number:		
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					

**Emergency Contact Details** (Please provide details of two people we can contact if we are unable to contact you, and please ensure that these people have given their permission to share their information)

Name:	Telephone number:	
Name:	Telephone number:	

Name of Child's Doctor:	
Surgery Name:	Telephone number:

Detail any additional/special needs your Child has: (please provide any relevant documentation and a copy of IHCP)
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Are there any legal issues surrounding your child that we need to be aware of: Yes / No (If <b>YES</b> we will contact you directly for further information)
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Signature of Parent/Carer	Date:
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**FORM A & FORM B MUST BE COMPLETED**