**Stonehouse Park Federation**

**Registration form**

**Childs details**

|  |  |  |
| --- | --- | --- |
| Childs full name: | | |
| Date of birth: | Gender: | |
| Birth certificate number:  (We will need to see the original please) | | |
| First language: | Other languages: | |
| Nationality: | Ethnic Origin: | Religion: |
| Siblings names and dates of birth: | | |

**Parent/Guardians details**

|  |  |
| --- | --- |
| Full name: | Full name: |
| Relationship to child: | Relationship to child: |
| Address: | Address: |
| Mobile number: | Mobile number: |
| Home Number: | Home Number: |
| Work Number: | Work Number: |
| Email: | Email: |
| Parental responsibilities: Yes/ No | Parental responsibilities: Yes/ No |
| Lives with child: Yes/No | Lives with child: Yes/No |

**Emergency contact**

Names and telephone numbers of appropriate adults who may be contacted in time of emergency if you are not available.

|  |  |
| --- | --- |
| Full name: | Full name: |
| Mobile number: | Mobile number: |

**Authorised to collect**

Names and telephone numbers of any other person/s who have permission to collect your child regularly (must be over 16 years of age).

|  |  |
| --- | --- |
| Full name: | Full name: |
| Mobile number: | Mobile number: |
| Full name: | Full name: |
| Mobile number: | Mobile number: |

**Medical details**

|  |  |
| --- | --- |
| Doctors name: | Practice name: |
| Address: | |
| Telephone number: | Are all immunisations up to date: Yes/No |
| Medical needs (inhalers etc): | |
| Allergies (Including treatment): | |
| Dietary requirements: | |
| Any other information, including details of any Special Needs, which you feel may be important for us to know: | |

**Parental Permission**

|  |
| --- |
| **I give** permission for my child to have their photograph taken and used within the school environment.  **I give** permission for my child to have their photograph taken and used for school publicity e.g. school newsletter, school website, SeeSaw, YouTube, Twitter feed and displays in school of trips, fete, plays etc.  ***If you do not wish your child’s image to be used in this way or for them to participate in local visits & trips please advise the school in writing. Please note that the school is not responsible for any images taken during public events or whilst in public spaces. We ask all parents to keep photographs from these occasions for personal use only.  For further information on how we collect, store and use personal data about pupils please refer to our Privacy Notice which can be found on the school website***  **Signed by Parent/Carer ………………………………………………………………………..…….**  **Print Name………………………………………………………… Date ………………………….** |
| **I give** permission for my child to receive First Aid and Emergency treatment, this includes Paracetamol Suspension if required.  **Signed by Parent/Carer ………………………………………………………………………..…….**  **Print Name………………………………………………………… Date ………………………….** |
| **I give** permission for my child to go on local visits and school trips.  **Signed by Parent/Carer ………………………………………………………………………..…….**  **Print Name………………………………………………………… Date ………………………….** |
| **I give** permission for my child to view clips from films and documentaries rated PG.  **Signed by Parent/Carer ………………………………………………………………………..…….**  **Print Name………………………………………………………… Date ………………………….** |

**Are there any other services involved with the child or family?**

|  |  |  |
| --- | --- | --- |
| Paediatrician: Yes/No  Date of involvement: | Name: | Contact information: |
| Social services: Yes/ No  Date of involvement: | Name: | Contact information: |
| Speech and language: Yes/No  Date of involvement: | Name: | Contact information: |
| Family support worker: Yes/No  Date of involvement: | Name: | Contact information: |
| Dentist: Yes/No  Date of involvement: | Name: | Contact information: |
| Any other services:  Date of involvement: | Name: | Contact information: |

I declare that all the information I have provided to Stonehouse Park Federation is true to my knowledge. I understand that the information I have provided will be kept on file (including the Schools’ secure computer systems) in accordance with General Data Protection Regulations (GDPR). It will be used for statistical monitoring and evaluation purposes. I understand that the Schools may contact me by text and email and will send me information on services and events. I also understand that by signing this declaration I confirm that the other carer as detailed on this form consents to his/her details being held on Schools’ computer systems.

**Signed by Parent/Carer ………………………………………………………………………..…….**

**Print Name………………………………………………………… Date ………………………….**

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