**REGISTRATION FORM – Account Number \_\_\_\_\_\_\_\_\_\_**

Please fill out this form in **BLOCK CAPITALS**.

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| **PARENT/CARER’S DETAILS** | |
| **Name of Parent/Carer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Post Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Daytime Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Mobile(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please PRINT email address clearly.) | |
| **Can you volunteer your time / skills to support LFSS?** 🞏 Yes 🞏 No If Yes, please let us know how: 🞏 At school on Saturday mornings 🞏 On school trips 🞏 Promoting LFSS | |

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| **EMERGENCY CONTACT DETAILS**  Please provide details of an adult we can contact about your child in an emergency if we cannot reach you. | |
| **Name of Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Emergency Contact’s Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Relationship to child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I give permission for this person to collect my child from school in the event of an emergency.🞏 Yes 🞏 No | |

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| **CHILD 1** | | | | |
| **Surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Date of Birth: / /** | | **Age:** \_\_\_\_\_ | **M** 🞏 **Male** 🞏 **Female** | |
| **Name of Mainstream School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Year:** \_\_\_\_ |
| Does your child have any **special needs**? 🞏 Yes 🞏 No If Yes, please specify: 🞏 Behaviour 🞏 Speech 🞏 Learning 🞏 Other - please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Please note we will not be held responsible for any issues that may arise due to non-disclosure of behaviour problems.) | | | | |
| Any **allergies** or **food intolerances**? (e.g. nuts, milk, eggs) 🞏 Yes 🞏 No If Yes, please describe and tell us about any medication:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Any **medical conditions**? (e.g. asthma, eczema) 🞏 Yes 🞏 No If Yes, please describe and tell us about any medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PLEASE TURN OVER** | | | | |

**REGISTRATION FORM – Account Number \_\_\_\_\_\_\_\_\_\_**

Please fill out this form in **BLOCK CAPITALS**.

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| **CHILD 2** | | | | |
| **Surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Date of Birth: / /** | | **Age:** \_\_\_\_\_ | **M** 🞏 **Male** 🞏 **Female** | |
| **Name of Mainstream School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Year:** \_\_\_\_ |
| Does your child have any **special needs**? 🞏 Yes 🞏 No If Yes, please specify: 🞏 Behaviour 🞏 Speech 🞏 Learning 🞏 Other - please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Please note we will not be held responsible for any issues that may arise due to non-disclosure of behaviour problems.) | | | | |
| Any **allergies** or **food intolerances**? (e.g. nuts, milk, eggs) 🞏 Yes 🞏 No If Yes, please describe and tell us about any medication:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Any **medical conditions**? (e.g. asthma, eczema) 🞏 Yes 🞏 No If Yes, please describe and tell us about any medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| **PERMISSIONS** |
| 🞏 I give permission for my child(ren) to receive emergency medical treatment if required. |
| 🞏 I give permission for LFSS to take photos of my child(ren) for promotional purposes, including both digital and printed promotional material. |
| 🞏 I am happy to receive the LFSS newsletter by email or WhatsApp and the latest news about term dates, upcoming events and school trips. |

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| **DECLARATION** | |
| **🞏 I have read and hereby accept and agree to abide by the Terms and Conditions of Lemuel Findlay Supplementary School.** | |
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| **SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Carer)** | **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **STAFF ONLY** | |
| **Registration Fees paid:** |  |
| **Date:** |  |
| **Received by:** |  |