



Little Jesters

REGISTRATION FORM

Please return to the School Office as soon as completed

Personal details of Child

Surname _____ Forenames _____

Address _____ Name in use _____

_____ Date of Birth _____

Postcode _____ Brothers/Sisters in school? Yes/No

Gender _____ Home Telephone No _____

Parents/Carers _____

Address of Mother if different from above _____

Address of Father if different from above _____

Email address: _____

Ethnic Group _____ Home Language _____

Religion _____

Previous Playgroup/School Name & Address _____

Daytime Emergency Contacts (Local contacts only)

	1 st Contact	2 nd Contact	3 rd Contact
Name	_____	_____	_____
Relationship	_____	_____	_____
Place of contact	_____	_____	_____
Telephone No	_____	_____	_____
Mobile No	_____	_____	_____
Address	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Please note that only those named above will be allowed to collect your child unless prior notice has been given to the Little Jesters staff.

Medical Details

Doctors Name _____

Doctors Address _____

Medical Information _____

Allergies _____

Name, Job Title and Tel. No. of Any Professionals Involved with the Family (eg. Health Visitor, Social Worker)

Details of any Significant Health Issues (including Special Educational Needs and/or Physical Disabilities Statement)

Details of any Special Dietary Requirements, Allergies and Significant Food and Drink Preferences

Record of Immunisations (including Dates): _____

Any Other Relevant Information: _____

Do you Consent to your Child Receiving Medical Treatment in an Emergency? Yes/No

I give Consent for my Child to be taken on Local Outings (in Berkeley) Yes/No

I give Consent to any Image or Photograph being taken of my Child while at Little Jesters. This may be by staff or parents for display purposes in the 'Unit', or from time to time by local or regional press or television who may be asked to cover particular events Yes/No

I give consent for observations to be made and photos to be taken of my child for their Learning Journey Yes/No

I hereby consent for my child to take up a place at Little Jesters, according to the terms and conditions set out in its policies and procedures. I have understood the expectations and obligations relating to both myself and the Little Jesters, and agree to abide by them.

I understand that persistent late or non-payment of fees will jeopardise my child's continued attendance at Little Jesters.

I confirm that the information given above is correct and that I will inform Little Jesters of any changes.

Signature of Parent/Carer.....Date.....

Please contact the School Office if you have any questions or comments on 01453 810254.
Please return this form to Berkeley Primary School, Marybrook Street, Berkeley, Glos GL13 9AZ