

# Welcome to The Treehouse Registration Form



## Child's Details

Forename (on birth certificate/passport)			
Surname (on birth certificate/passport)			Male/Female
To be known as			
Middle names			
Date of birth			
Address			
Postcode			
Home telephone no.		Mobile	
E-mail Address			

## Parents'/Carers' Details (who share responsibility for the child)

School correspondence and information is communicated to parents/carers via email and text message, **please ensure Parent/Carer 1 is the primary contact for email, text messages.**

Name of Parent/Carer 1		Name of Parent/Carer 2 (If applicable)	
Title: Mr/Mrs/Miss/Ms/Dr		Title: Mr/Mrs/Miss/Ms/Dr	
Address		Address	
Mobile Number		Mobile Number	
Work Number		Work Number	
Home Number		Home Number	
Email		Email	

## Emergency Contacts (other than Parent/Carer)

1. Name & Surname	
Relationship	
Telephone number	
2. Name & Surname	
Relationship	
Telephone number	

## Medical Information

If your child has any health concerns, diagnosed conditions or diagnosed allergies please speak directly with a member of the school office team who will provide you with the relevant information and forms.

Family Doctor		Other services involved.
Name		
Surgery &		
Contact Number		

The information given in this form will be treated in the strictest confidence and will be kept in your child's file according to GDPR guidelines

**Medical Conditions** (e.g. Asthma, Eczema)

**Permissions** – Please indicate if you give permission to the following for your child;

**Photographs/Video**  (Please tick the box if you give permission)

This will include the school’s social media, school website, local and national press.  
Please note children’s surnames will not be used.

**Regular Pick Up**

**Password:**

Please include all people that may collect your child on a regular basis

Name		Name	
Relationship		Relationship	
Name		Name	
Relationship		Relationship	

*Is there any other information you feel we should be aware of: e.g. special diet, religious considerations, split/reconfigured family (for the purpose of additional school reports and parent teacher appointments).*

**ATTENDANCE REQUEST**

Please indicate which sessions you would like to book:

	<b>Breakfast session 7.30-8.45am (£7 per session)</b>	<b>After School session (Early) 3.00-4.15pm (£7 per session)</b>	<b>After School session (After Clubs) (4.00-5.45pm) (£8 per session)</b>	<b>After School session (Late) 3.00-5.45pm (£12 per session)</b>
<b>Monday</b>				
<b>Tuesday</b>				
<b>Wednesday</b>				
<b>Thursday</b>				
<b>Friday</b>				

**If you wish to use Childcare Vouchers please provide details below**

<b>Name of Provider</b>	
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*I can confirm that the information given is correct.*

*I have read and understand the terms and conditions enclosed with this document and agree to work in partnership with the school.*

Name ..... (Parent/Carer 1)

Signed..... Date.....

Name ..... (Parent/Carer 2)

Signed..... Date.....

***If at any time any details change, please ensure that the school office is notified at the earliest opportunity.***

***Please ensure all sections have been completed.***

***Many thanks***