

APPENDIX 1

WoodE's Registration Form



Working together today
for a brighter tomorrow



Wood'E's

Child's Name:		D.O.B.
Parent /Carer Name:		
Address:		
Postcode:		
Email Address:		Tel. No:
Emergency Contact 1		Emergency Contact 2
Name:		Name:
Relationship:		Relationship:
Tel. No. Home:		Tel. No. Home:
Mobile:		Mobile:
Work:		Work:
Medical Conditions:		
Medical/Dietary/Cultural Requirements:		
Doctors Details		
Name:		
Address:		
Tel. No:		
Child's preferred name:		
Their favourite Colour:		
Food:		
Music:		
Things they like to do:		
CONSENTS		
Emergency medical treatment: I give permission for my child to receive emergency medical treatment whilst attending WoodE's.		
Use of photographic images: I DO / I DO NOT give permission for photographs of my child to be displayed outside of school (e.g. local press / school website etc)		
Signature:		
Print name:		Date:

Please inform us of any changes to these details.