



Child Registration Form

Child's Details	
Surname:	
First name:	Known as:
Date of birth:	Gender:
Home address:	
House name / number:	Post code:
Street name:	
District:	Town:
Child's ethnic origin:	Religion:
Language spoken at home:	
Parent / Carer 1 with whom the child lives:	
Full name & title:	
Does this person have parental responsibility for this child? Yes No	
Contact details:	
Email:	
Home phone:	Mobile:
Place of work:	Work phone:
Parent / Carer 2 with whom the child lives (if applicable):	
Full name & title:	
Does this person have parental responsibility for this child? Yes No	
Contact details:	
Home phone:	Mobile:
Place of work:	Work phone:
Any parent with whom the child does not live:	
Full name & title:	
Does this person have parental responsibility for this child? Yes No	
Home address:	
House name / number:	Post code:
Street name:	
District:	Town:
Contact details:	
Home phone:	Mobile:
Place of work:	Work phone:
Emergency contact (other than above)	
Full name & title:	
Relationship to the child:	
Contact details:	
Home phone:	Mobile:
Place of work:	Work phone:

Additional information		
People who may collect your child (other than those detailed on reverse):		
Title:	Name:	Relationship to child:
Child's school (if applicable):		
Child's Health Visitor (if applicable):		
Child's Doctor:		
Surgery name:	Telephone:	
Does your child have:		
Ongoing health problems?	Yes	No
Special needs that staff should be aware of?	Yes	No
Allergies or special dietary requirements?	Yes	No
A Child Protection Plan or Social Worker?	Yes	No
A CAF plan (Common Assessment Framework)	Yes	No
If you have selected 'yes' to the above, please give details below (except for Child Protection Plan)		
First Aid Treatment		
Do you give permission for your child to receive first aid treatment from appropriately qualified staff?	Yes	No
Do you give permission for your child to be taken to hospital and to be given treatment by paramedics / hospital staff in an emergency?	Yes	No
Is your child allergic to plasters?	Yes	No
Sun protection		
Do you give permission for staff to apply sun cream to your child?	Yes	No
Photographs & Videos		
Do you give permission for photographs and video recordings to be taken of your child for the following purposes?		
• Displays within the setting	Yes	No
• Children's learning record files	Yes	No
• Local paper / newsletters.	Yes	No
Signature and Declaration		
I have read and understand the information in Discovery Vine's Prospectus		
Parent/Carer 1 signature: _____		Date: _____

Please remember to tell us if any of the above information changes whilst your child attends the setting. Should you decide you no longer need a place at Discovery Vine we will not retain the details on this form. Please see the Privacy Notice in our Prospectus for details of how the information provided will be used.