Fledglings Early Years, Cotford St Luke Primary School, Bethell Mead, Cotford St Luke, Taunton
TA4 1HZ ☏ 01823 432 569

REGISTRATION FORM

Today's date……..

CHILDS PERSONAL DETAILS		
Forenames	**Preferred Name**	
Surname		
Home Address		
	Daytime Phone No.	
Postcode	**Work number**	
Date of birth	**Evening Phone No.**	
Gender	**Family Religion.**	
	Home language	
Siblings Name	**Brother/Sister**	**DOB**
Pets	**Ethnic Origin**	
Does your child have a comforter i.e. Blanket etc.		

Parent/Carer 1: Contact Details	
Name	**Relationship to child:**
Work Place	**Address: (if different from above)**
Work Contact No.	**Mobile No.**
E-mail address	**Parental responsibility**
National Insurance number	

Parent/Carer 2: Contact Details	
Name	**Relationship to child:**
Work Place	**Address: (if different from above)**
Work Contact No.	**Mobile No.**
E-mail address:	**Parental responsibility**
National Insurance number	

EMERGENCY CONTACT - (if parents are not available)	
Name	
Relationship to Child	
Address	
Home Tel No.	
Work Tel No.	
Mobile Tel No.	

Name	
Relationship to Child	
Address	
Home Tel No.	
Work Tel No.	
Mobile Tel No.	

Name	
Relationship to Child	
Address	
Home Tel No.	
Work Tel No.	
Mobile Tel No.	

DOCTOR DETAILS		
Doctors Name		
Address of Surgery		
Postcode		**Tel No.**
Health Visitor		**Tel No.**
Has you child ever had any of the following :		
Asthma or Bronchitis		**Y/N**
Sight or Hearing Disabilities		**Y/N**
Heart Condition		**Y/N**
Fits, Fainting or Blackouts		**Y/N**
Diabetes		**Y/N**
Allergies to any know drug		**Y/N**
Any allergies, eg.food,medicine,pollen		**Y/N**
Allergy to plasters		**Y/N**
Has your child had all their immunisations?		**Y/N**
Other illness or Disabilities		**Y/N**
If you have answered YES to any of the previous health question please give details :		

Any known dietary needs	
Any known Special Educational needs	
Any other important information that you think might be relevant to the staff of Fledglings	
Has your child attended a setting before starting at Fledglings? **Will they still be attending this setting as well as attending Fledglings?**	

Please indicate below which sessions you would your child to attend:

Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast club 8.00-8.45	**Breakfast club** 8.00-8.45	**Breakfast club** 8.00-8.45	**Breakfast club** 8.00-8.45	**Breakfast club** 8.00-8.45
AM 8.45-11.45	**AM** 8.45-11.45	**AM** 8.45-11.45	**AM** 8.45-11.45	**AM** 8.45-11.45
PM 11.45-2.45	**PM** 11.45-2.45	**PM** 11.45-2.45	**PM** 11.45-2.45	**PM** 11.45-2.45
2.45-3.15	2.45-3.15	2.45-3.15	2.45-3.15	2.45-3.15
After school club 3.15 – 4.00	**After school club** 3.15 – 4.00	**After school club** 3.15 – 4.00	**After school club** 3.15 – 4.00	**After school club** 3.15 – 4.00

Authorised people for collecting child/ren (name / relationship to child)	
Authorised Person 1	
Authorised Person 2	
Authorised Person 3	
Authorised Person 4	
Authorised Person 5	

Authorised Person 6	

Other agency involvement CSC, getset, HV, SIDAS	Name of officer/ person	Contact number

If for any reason there is a change in the authorised person collection your child/ren from Fledglings, please inform a member of staff. If this occurs a password will be required as a safety precaution.

To be signed by the above child's Parents/Guardians

Signed Parent/Guardian	**Date**
Parental responsibility of child is held by	

Checked on	Checked on	Checked on	Checked on	Checked on