**Registration Form- please complete a form for each child you would like to register.**

|  |  |
| --- | --- |
| **Child’s details** |  |
| First name |  |
| Last name |  |
| Date of birth |  |
| Preferred name |  |
| Gender |  |
| Year group & class teacher |  |
| Home address |  |
| **Primary parent / carer details** |  |
| First name |  |
| last name |  |
| Relationship to child |  |
| Email address |  |
| Mobile phone number |  |
| Occupation |  |
| Home address |  |
| **Secondary parent / carer details** |  |
| First name |  |
| Last name |  |
| Relationship to child |  |
| Email address |  |
| Mobile phone number |  |
| Occupation |  |
| Home address |  |
| Custody of child is with (please select one) | Both parents /carers | primary parent / carer | secondary parent / carer |
| **First emergency contact details** |  |
| First name |  |
| Last name |  |
| Relationship to child |  |
| Mobile phone number |  |
| **Second emergency contact details** |  |
| First name |  |
| Last name |  |
| Relationship to child |  |
| Mobile phone number |  |
| **Health information** |  |
| Please provide details of any allergies |  |
| Please provide details of any medical conditions |  |
| Please provide details of any dietary requirements |  |
| Please provide details of any Special Educational Needs |  |
| Please provide details of any disabilities |  |
| Please provide details of any additional assistance your child requires |  |
| Please provide any other details you would like us to be aware of regarding your child’s health |  |
| **Consent for medical advice or treatment** |  |
| Please confirm you give consent for Basecamp to seek medical advice or treatment for your child |  |
| I agree that Basecamp may perform first aid on my child if necessary |  |
| **Consent for data collection and processing** |  |
| I understand that Basecamp may obtain, process and hold personal information about me and my child |  |
| **Child’s likes and dislikes** |  |
| Please provide any details you would like to share about your child’s likes and dislikes |  |

Please send completed complete forms to southrise@basecampchildcare.co.uk