

**Rising Robins Registration Form**

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| **Child’s Name: Class:** |
| **Date of Birth:…………………………………………… Year Group:…………………………………….…** |
| **Time 7.45am -9.00am** **Days** (please tick all you require): □ **Monday**  □ **Tuesday** □ **Wednesday** □ **Thursday** □ **Friday**  **Fees:** regular days £10.00 ADHOC £12.50 |
| **Home Address**:………………………………………………………………………………………………………………………….……..**Telephone Numbers**:……….………………………………………….. **Email:**………………………………………………….…… **Emergency Contact Name and Number**:…………………………………………………………………………………..……..  |
| **Does your child have any known allergies, dietary requirements?** Yes / NoIf yes, please state:………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………..…………………………………… |
| **Does your child have any medical conditions?**  Yes / NoIf yes, please state:…………………………………………………………………………………………………………………………….….…………………………………………………………………………………………………………………………………………………….…...  |
| **I give permission for emergency first aid to be administered in the event of this being necessary.****Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Any other information**: |
| **I have read, understood and agree to the terms and conditions of Rising Robins and have spoken to my child about the expectations with regards to behaviour.****Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Parent/Carer)** |

Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_