

**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 / No  If yes, please state:………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………..…………………………………… |
| **Does your child have any medical conditions?**  Yes / No  If 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_