Registration Details



Mrs M. Coypu 17 Bankside Foxholes Anytown Northumberland AA1 9ZZ Kidspace 13 River Dale Foxholes Anytown Northumberland AA1 9ZZ Tel: 01234 567890

OFSTED: EYC 98765

Date: 9 August 2011

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Dear Mary

We need to confirm our registration details about your family.

Please check the details on the left side of the form and use the fields on the right side of the form to make corrections or add new details as required. Sign the form below and return it to us as soon as possible. This information will be held on a computer and used in accordance with the Data Protection Act.

	Signed:			Date:		
Perso	n with Pa	rental Re	sponsibility / Main Contact			
1.	Title:		Mrs	ı	1.	
	First Nar	ne:	Mary			
	Last Nar	ne:	Coypu			
	Relations	ship:	Parent			
	Order to	contact (i	f any):			Use 1 for 1st, 2 for 2nd, etc.
	Do You l	Have Pare	ental Responsibility?: Yes			Use Yes / No
2.	Phone:	Day:	05555 161616		2.	
		Night:	05555 171717			
		Mobile:				
3.	e-mail:		coypus@superfox.org.uk		3.	
4.	Address	: Line 1:	17 Bankside		4.	
		Line 2:	Foxholes			
		Town:	Anytown			
		County:	Northumberland			
	P	-	AA1 977			

Date: 9 August 2011 Family: Mrs M. Coypu Page 2 of 6

<u>Child</u>			
1.	First Name: Rose	I 1.	
	Last Name: Coypu		
	Middle Name (if any):		
	Date of Birth: 2 January 2004		
	Town of Birth: Anytown		
	Gender: Female		
	Password: Baltic Sea		
2.	Legal names (if different):	2.	
	First Name:		
	Last Name:		
	Middle Name (if any):		
3.	Other Nurseries in use 1:	3.	
	Nursery 2:		
	Nursery 3:		
	,		
4.	Doctor: Name: Dr A. Finlay	4.	
	Tel: 05555 222222	!	
	Tel (Out of Hours): 05555 222222	!	
_	N. D. C. C.	_	
5.	Dentist: Name: Miss R. Confidence	5.	-
	Tel: 05555 777777		
	Tel (Out of Hours): 05555 777777		
6.	Medical Conditions & Special Diet Notes	6.	
0.	Lacto-ovo vegetarian. (i.e. doesn't eat me		
	animal products e.g. gelatin, rennet.)	at, listi oi	
7.	General Notes. Please tell us about your	child's 7.	
,.	interests, cultural background, likes, dislik		
	Likes dressing up, playing with dolls and o	dancing	
	(Ballroom, disco and line dancing.)	autioning.	

Date: 9 August 2011	Family: Mrs M. Coypu	Page 3 of 6
Child (continued)		
First Name: Rose Last Name: Coypu Middle Name (if any):		
8. Ethnicity White, British	Plea	white, British White, Irish Traveller of Irish Heritage Gypsy/Roma White, any other White Background Mixed, White and Black Caribbean Mixed, White and Black African Mixed White and Asian Mixed, any other mixed background Asian or Asian British, Indian Asian or Asian British, Pakistani Asian or Asian British, Bangladeshi Asian or Asian British, Caribbean Black or Black British, African Black or Black British, Any other Black background Chinese Any other ethnic background Do not wish to be recorded
9. Consent	Plea	ase tick if you consent to the following
Medicines consent	Yes	I consent to my child having prescribed medicines administered as described in section 6, 'Medical Conditions & Special Diet Notes'.
Outings consent		I consent to my child participating in off-site outings.
Photographs consent		I consent to my child having their photograph taken for use in the Setting and for publicity.
Face painting consent		I consent to my child participating in face painting activities.
First aid consent		I consent to the setting staff administering Emergency First Aid and to seek necessary medical advice or treatment as required.

Sun screen consent

I consent to my child having sun screen applied as required.

Date:	9 August 2011	Family: Mrs M. Coypu		Page 4 of
<u>Child</u>				
1.	First Name: Rache	el	I 1	
	Last Name: Coypu	ı		
	Middle Name (if any):	:		
	Date of Birth:	2 October 2000	_	
	Town of Birth:	Anytown	_	
	Gender:	Female	_	
	Password:	Baltic Sea	_	
2.	Legal names (if differ	ent):	2.	
	First Name:			
	Last Name:			
	Middle Name (if	any):		
3.	Other Nurseries in us	se 1:	3.	
	Nurs	sery 2:		
	Nurs	sery 3:		
4.	Doctor: Name:	Dr H. Jeckyll	4	
	Tel:	06666 777777	_	
	Tel (Out of Hours	s): 06666 777777	_	
5.	Dentist: Name:	Dr D. Fang	5.	
0.	Tel:	0333 222 4444	·	
	Tel (Out of Hours	s): 0333 222 4444	_	
	(1111	,	-	
6.	Medical Conditions &	Special Diet Notes	6.	
		. (i.e. doesn't eat meat, fish or		
	animal products e.g.	gelatin, rennet.)		
7.		se tell us about your child's	7.	
	interests, cultural bac	kground, likes, dislikes, etc.		
	Likes reading, playing	g piano, dancing and		
	Brownies.			

Date: 9 August 2011	Family: Mrs M. Coypu	Page 5 of 6
Child (continued)		
First Name: Rachel Last Name: Coypu Middle Name (if any): 8. Ethnicity	I Dies	se tick one option from the list below
White, British		White, British White, Irish Traveller of Irish Heritage Gypsy/Roma White, any other White Background Mixed, White and Black Caribbean Mixed, White and Black African Mixed White and Asian Mixed, any other mixed background Asian or Asian British, Indian Asian or Asian British, Pakistani Asian or Asian British, Bangladeshi Asian or Asian British, Caribbean Black or Black British, Caribbean Black or Black British, Any other Black background Chinese Any other ethnic background Do not wish to be recorded
9. Consent		ise tick if you consent to the following
Medicines consent	Yes	No I consent to my child having prescribed medicines administered as described in section 6, 'Medical Conditions & Special Diet Notes'.
Outings consent		I consent to my child participating in off-site outings.
Photographs consent		I consent to my child having their photograph taken for use in the Setting and for publicity.
Face painting consent First aid consent		I consent to my child participating in face painting activities. I consent to the setting staff administering
i iist aid consent		Emergency First Aid and to seek necessary medical advice or treatment as required.

I consent to my child having sun screen applied as required.

Sun screen consent

Date: 9 August 2011

	Title:	Mr	1.	
	First Name:	Peter		
	Last Name:	Coypu		
	Relationship:	Parent		
	Order to contact (if a	any): 2		Use 1 for 1st, 2 for 2nd, etc.
	Has Parental Respo	nsibility?: Yes		Use Yes / No
2.	Phone: Day:	0333 444 3333	2.	
	Night:	05555 171717		
	Mobile:			
3.	e-mail:	coypus@superfox.org.uk	3.	
4.	Address: Line 1:	17 Bankside	4.	
	Line 2:	Foxholes		
	Town:	Anytown		
	County:	Northumberland		
	Postcode:	AA1 9ZZ		
			•	
Trueta	ad Frianda / Familio N			
Hust	an Friance / Family iv	lamhare		
	ed Friends / Family N			
1.	Title:	Mrs	1.	
1.	Title: First Name:	Mrs Mary	1.	
1.	Title: First Name: Last Name:	Mrs	1.	
1.	Title: First Name: Last Name: Relationship:	Mrs Mary Marmot	1.	
1.	Title: First Name: Last Name: Relationship: Order to contact (if a	Mrs Mary Marmot any):	1.	Use 1 for 1st, 2 for 2nd, etc.
1.	Title: First Name: Last Name: Relationship:	Mrs Mary Marmot any):	1.	
1.	Title: First Name: Last Name: Relationship: Order to contact (if a	Mrs Mary Marmot any):	1.	Use 1 for 1st, 2 for 2nd, etc.
	Title: First Name: Last Name: Relationship: Order to contact (if a	Mrs Mary Marmot any): onsibility?: No		Use 1 for 1st, 2 for 2nd, etc.
	Title: First Name: Last Name: Relationship: Order to contact (if a Has Parental Response) Phone: Day:	Mrs Mary Marmot any): Insibility?: No		Use 1 for 1st, 2 for 2nd, etc.
	Title: First Name: Last Name: Relationship: Order to contact (if a Has Parental Response) Phone: Day: Night:	Mrs Mary Marmot any): Insibility?: No		Use 1 for 1st, 2 for 2nd, etc.
	Title: First Name: Last Name: Relationship: Order to contact (if a Has Parental Response) Phone: Day: Night:	Mrs Mary Marmot any): Insibility?: No		Use 1 for 1st, 2 for 2nd, etc.
2.	Title: First Name: Last Name: Relationship: Order to contact (if a Has Parental Response) Phone: Day: Night: Mobile:	Mrs Mary Marmot any): shsibility?: No 05555 120012 05555 120012	2.	Use 1 for 1st, 2 for 2nd, etc.
2.	Title: First Name: Last Name: Relationship: Order to contact (if a Has Parental Response) Phone: Day: Night: Mobile: e-mail:	Mrs Mary Marmot any): snsibility?: No 05555 120012 05555 120012 marmots@superfox.org.uk	2.	Use 1 for 1st, 2 for 2nd, etc.
2.	Title: First Name: Last Name: Relationship: Order to contact (if a Has Parental Response) Phone: Day: Night: Mobile: e-mail: Address: Line 1:	Mrs Mary Marmot any): snsibility?: No 05555 120012 05555 120012 marmots@superfox.org.uk 14 Bankside	2.	Use 1 for 1st, 2 for 2nd, etc.
2.	Title: First Name: Last Name: Relationship: Order to contact (if a Has Parental Response) Phone: Day: Night: Mobile: e-mail: Address: Line 1: Line 2: Town:	Mrs Mary Marmot any): ansibility?: No 05555 120012 05555 120012 marmots@superfox.org.uk 14 Bankside Foxholes	2.	Use 1 for 1st, 2 for 2nd, etc.
2.	Title: First Name: Last Name: Relationship: Order to contact (if a Has Parental Response) Phone: Day: Night: Mobile: e-mail: Address: Line 1: Line 2: Town:	Mrs Mary Marmot any): ansibility?: No 05555 120012 05555 120012 marmots@superfox.org.uk 14 Bankside Foxholes Anytown Northumberland	2.	Use 1 for 1st, 2 for 2nd, etc.
2.	Title: First Name: Last Name: Relationship: Order to contact (if a Has Parental Response) Phone: Day: Night: Mobile: e-mail: Address: Line 1: Line 2: Town: County:	Mrs Mary Marmot any): ansibility?: No 05555 120012 05555 120012 marmots@superfox.org.uk 14 Bankside Foxholes Anytown Northumberland	2.	Use 1 for 1st, 2 for 2nd, etc.