

# 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: 16 December 2008

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:** \_\_\_\_\_

## Person with Parental Responsibility / Main Contact

1. Title: Mrs  
First Name: Mary  
Last Name: Coypu  
Relationship: Parent

2. Phone: Day: 05555 161616  
Night: 05555 171717  
Mobile:

3. e-mail: coypus@superfox.org.uk

4. Address: Line 1: 17 Bankside  
Line 2: Foxholes  
Town: Anytown  
County: Northumberland  
Postcode: AA1 9ZZ

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**Child**

- 1. First Name: Rachel  
Last Name: Coypu  
Date of Birth: 2 October 1996  
Gender: Female  
Pass Phrase:
  
- 2. Other nurseries in use:  
Nursery 1:  
Nursery 2:  
Nursery 3:
  
- 3. Doctor: Name: Dr H. Jeckyll  
Tel: 06666 777777  
Tel (Out of Hours): 06666 777777
  
- 4. Dentist: Name: Dr D. Fang  
Tel: 0333 222 4444  
Tel (Out of Hours): 0333 222 4444
  
- 5. Medical Conditions & Special Diet Notes  
Lacto-ovo vegetarian. (i.e. doesn't eat meat, fish or animal products e.g. gelatin, rennet.)

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5.

- 6. General Notes about Your Child's Interests  
Likes reading, playing piano, dancing and Brownies.

6.

**Child (continued)**

First Name: Rachel

Last Name: Coypu

## 6. Ethnicity

White, British

Please tick one option from the list below

- 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, Any other Asian Background
- Black or Black 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

## 7. Consent

 Medicines consent Outings consent Photographs consent Face painting consent First aid consent Sun screen consent

Please tick if you consent to the following

Yes    No

- I consent to my child having prescribed medicines administered as described in section 4) 'Medical Conditions & Special Dietary Notes'.
- I consent to my child participating in off-site outings.
- I consent to my child having their photograph taken for use in the Setting and for publicity.
- I consent to my child participating in face painting activities.
- I consent to the setting staff administering Emergency First Aid and to seek necessary medical advice or treatment as required.
- I consent to my child having sun screen applied as required.

**Child**

1. First Name: Rose  
Last Name: Coypu  
Date of Birth: 2 January 2000  
Gender: Female  
Pass Phrase:

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2. Other nurseries in use:

Nursery 1:

Nursery 2:

Nursery 3:

2. \_\_\_\_\_  
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3. Doctor: Name: Dr A. Finlay  
Tel: 05555 222222  
Tel (Out of Hours): 05555 222222

3. \_\_\_\_\_  
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4. Dentist: Name: Miss R. Confidence  
Tel: 05555 777777  
Tel (Out of Hours): 05555 777777

4. \_\_\_\_\_  
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5. Medical Conditions & Special Diet Notes  
Lacto-ovo vegetarian. (i.e. doesn't eat meat, fish or animal products e.g. gelatin, rennet.)

5.

6. General Notes about Your Child's Interests  
Likes dressing up, playing with dolls and dancing.  
(Ballroom, disco and line dancing.)

6.

**Child (continued)**

First Name: Rose

Last Name: Coypu

## 6. Ethnicity

White, British

Please tick one option from the list below

- 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, Any other Asian Background
- Black or Black 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

## 7. Consent

 Medicines consent Outings consent Photographs consent Face painting consent First aid consent Sun screen consent

Please tick if you consent to the following

Yes    No

- I consent to my child having prescribed medicines administered as described in section 4) 'Medical Conditions & Special Dietary Notes'.
- I consent to my child participating in off-site outings.
- I consent to my child having their photograph taken for use in the Setting and for publicity.
- I consent to my child participating in face painting activities.
- I consent to the setting staff administering Emergency First Aid and to seek necessary medical advice or treatment as required.
- I consent to my child having sun screen applied as required.

**Trusted Friends / Family Members**

1. Title: Mr  
First Name: Peter  
Last Name: Coypu  
Relationship: Parent

2. Phone: Day: 0333 444 3333  
Night: 05555 171717  
Mobile:

3. e-mail: coypus@superfox.org.uk

4. Address: Line 1: 17 Bankside  
Line 2: Foxholes  
Town: Anytown  
County: Northumberland  
Postcode: AA1 9ZZ

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**Trusted Friends / Family Members**

1. Title: Mrs  
First Name: Mary  
Last Name: Marmot  
Relationship:

2. Phone: Day: 05555 120012  
Night: 05555 120012  
Mobile:

3. e-mail: marmots@superfox.org.uk

4. Address: Line 1: 14 Bankside  
Line 2: Foxholes  
Town: Anytown  
County: Northumberland  
Postcode: AA1 9ZZ

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