

# THE EARLY BIRDS BEFORE SCHOOL PROVISION

Dunton Junior School



## Registration Form

Unique reference number (URN):

Child's full name:

Date of birth:

Parent/Carer name:

Parent/Carer address:

Mobile No:

Home No:

Work No:

Email Address:

Emergency Contact 1

Emergency Contact 2

Doctor's name & contact details:

Any other information we should be aware of:

Parent/Carer Signature:

Date:

**Please return completed registration forms (one per child) with your booking form to:  
The School Office, at either Dunton or Wrestlingworth**

**Before School provision at Dunton Junior School**  
**CONSENT FORM**

**Name of Child:**

**Date:**

I consent to first aid being administered by a qualified first aider or appropriate adult to my child whilst in the care of before school provision.

**Signature:**

**(Parent/Carer)**

I consent to staff seeking any necessary emergency medical advice or treatment for my child whilst in the care of before school provision.

**Signature:**

**(Parent/Carer)**

I consent for plasters to be applied to my child if necessary whilst in the care of before school provision.

**Signature:**

**(Parent/Carer)**

Any sun lotion that I supply for my child whilst in the care of before school provision will be clearly named.

**Signature:**

**(Parent/Carer)**

I consent to my child having their photograph taken whilst in the care of before school provision which may be used for displays about the setting.

**Signature:**

**(Parent/Carer)**

**Before school provision at Dunton Junior School**  
**EMERGENCY CONTACT DETAILS**

**Child's Full Name:**

**Please list the people who you would like to be contacted in an emergency (add parents/carers details first). They will be contacted in the order you have indicated below and we will continue down the list until contact has been made.**

<b>Name:</b>	<b>Relationship to Child:</b>	<b>Contact Telephone No.</b>	<b>Mobile No.</b>

**STAFF ARE ONLY ABLE TO RELEASE YOUR CHILD TO ONE OF THE PEOPLE DETAILED ABOVE**

**Are there any restrictions/court orders currently in place to prevent the collection of your child by anybody? YES / NO**

**If yes, please detail below:**

**My CONFIDENTIAL password for emergency collection is: .....**

**Name:**  
**(Parent/Carer)**

**Signature:**

**Date:**

