

**Registration Form:**

**Please return to: Rising Stars Romford  
St Cedd Hall, Sims Close, Romford RM1 3QT**

**Please provide a copy of your child's birth certificate**

<b>Child's full name:</b>
<b>Date of Birth:</b>
<b>Age:</b>
<b>What class are they in:</b>
<b>Language spoken:</b>
<b>Home address:</b>
<b>Home telephone number:</b>
<b>Carer 1:</b>
<b>Full Name:</b>
<b>Home address:</b>
<b>Home phone number:</b>
<b>Mobile number:</b>
<b>Work number:</b>
<b>Carer 2</b>
<b>Full Name:</b>
<b>Home address:</b>
<b>Home phone number:</b>
<b>Mobile number:</b>
<b>Work number:</b>

<b>Please provide a password which other people must use when collecting you child,</b>
<b>Password:</b>
<b>Other people authorised to collect you child (A minimum of 2 other people, these people will only be contacted in emergencies)</b>
<b>Full Name:</b>
<b>Home address:</b>
<b>Home phone number:</b>
<b>Mobile number</b>
<b>Full Name:</b>
<b>Home address:</b>
<b>Home phone number:</b>
<b>Mobile number</b>
<b>Full Name:</b>
<b>Home address:</b>
<b>Home phone number:</b>
<b>Mobile number</b>
<b>Full Name:</b>
<b>Home address:</b>
<b>Home phone number:</b>
<b>Mobile number</b>

### **Child medical details**

**Does your child have any medical problems we need to be aware of?**

**Is your child taking any regular form of medication we need to be aware of?**

**Does your child have any allergies**

### **General information about your child**

**Does your child have any dietary requirements?**

**What does your child like to drink?**

**What does your child enjoy eating?**

**What activities does your child enjoy doing?**

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**What days and which clubs will your child be attending?**

**Please tick to confirm the sessions your child will attend**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Breakfast</b>					
<b>Afterschool</b>					

**Permission:**

**Please sign and print name if you consent to the following for your child:**

	<b>Sign</b>	<b>Print name</b>	<b>Date</b>
<b>I give permission for my child's photo to be used for publicity: website, leaflets, booklets, posters</b>			
<b>I give consent to my child receiving emergency medical treatment.</b>			

**Correspondence from Rising Stars Preschool should be addressed to:**

<b>Name:</b>
<b>Address:</b>
<b>Sign:</b>
<b>Date:</b>