**The Treehouse Registration Form**

**Pupil Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Forename: |  | Surname: |  |
| Address: |  | | |
| Post Code: |  | Telephone: |  |
| Year Group: |  | | |

**Parent/Carer information 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |  | Forename: |  | Surname: |  |
| Relationship to child: | |  | | | |
| Home No.: |  | | | | |
| Mobile No.: |  | | | | |
| Work No.: |  | | | | |
| Email: |  | | | | |

**Parent/Carer information 2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |  | Forename: |  | Surname: |  |
| Relationship to child: | |  | | | |
| Home No.: |  | | | | |
| Mobile No.: |  | | | | |
| Work No.: |  | | | | |
| Email: |  | | | | |

**Additional Contact information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |  | Forename: |  | Surname: |  |
| Relationship to child: | |  | | | |
| Home No.: |  | | | | |
| Mobile No.: |  | | | | |
| Work No.: |  | | | | |

**Pupil Medical information**

|  |  |
| --- | --- |
| Doctor Practice name/address/ contact number: |  |
| Medical conditions: |  |

**Pupil Dietary Information**

No dietary requirements [ ]

Vegetarian [ ]

Other e.g. vegan, Halal [ ] please give details in the box below

|  |
| --- |
|  |

**Allergies – please give information of ANY allergies (including food) in the box below**

|  |
| --- |
|  |

**Does your child have any additional needs? Yes / No**

If yes, please provide details in the box below

|  |
| --- |
|  |

***I confirm that all the above information is correct and understand that it is my responsibility to advise The Treehouse if anything changes.***

***I confirm that I have read and understood the Breakfast and After School Club Policy (including the terms and conditions).***

Name of Parent/Carer: …………………………………………………………………………….

Signature: ……………………………………………………………………………………….…..…

Date: ……………………………………………………………………………………………………