



**Emmanuel Community School
Rise & Shine Extended School
REGISTRATION FORM**



Child's First Name:	Child's Surname:			
Name to be used at Rise & Shine:				
Date of birth:	Gender:			
Ethnicity	Languages spoken			
Mother's Name:	Mobile No:			
Mother's Address:				
Father's Name:	Mobile No:			
Father's Address:				
Two emergency contact names, telephone numbers (other than parents/carers above)				
Name of person(s) authorised to collect your child (including contact numbers)				
Morning Session 8am to 8.55am: My child will be attending on the following days				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Afternoon Session 3.30pm to 6pm: My child will be attending on the following days				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Doctors Name:				
Doctor's Address:				
Doctor's Telephone Number:				

Details of any significant health issues, including Special Educational Needs and / or physical disability

Date of last Tetanus vaccination:

Details of any special dietary requirements and allergies:

I consent for members of staff to apply sun cream to my child/ren as appropriate.
Yes No Please circle

I consent for my child to have their face painted
Yes No Please circle

Any other relevant information:

In the event of my son/daughter requiring emergency hospital treatment and staff being unable to contact me, I give consent for the accompanying adult to approve any emergency treatment required for my child. (Signing this form shows your agreement to this)

I agree to my child taking a place at Rise & Shine Extended School in accordance with the Terms and Conditions I have received in the Prospectus and available online.

All monies must be paid in advance. Please tick below how you wish to pay:

STANDING ORDER If you choose this option you will have to contact your bank to arrange to pay fees in 12 equal instalments.	DEBIT CARD	PARENTPAY (Contact school office you will need to be set up on the system)	CHILDCARE VOUCHERS (Please give us name of the voucher provider below)

I enclose a deposit (representing two weeks fees) £

Signed by Parent/Carer: Date:

Signed by Parent/Carer: Date:

For Office Use Only	
Forms checked by:	Deposit amount paid: How paid: