

# Out of School Club and Playscheme Registration Form

Child's Name .....  
Date of Birth ..... Gender: Male ☐ Female ☐ (please tick)

## Parent/s details with whom the child lives

Parent 1 .....  
Does this parent have parental responsibility? Yes ☐ No ☐ (please tick)

Parent 2 .....  
Does this parent have parental responsibility? Yes ☐ No ☐ (please tick)

Address .....  
.....

Home telephone number .....  
Email address .....

## Name of parent with whom the child does not live

Name .....  
Does this parent have parental responsibility? Yes ☐ No ☐ (please tick)

Address of this parent .....  
.....

Home telephone number .....  
Email address .....

Does this parent have legal access to the child? Yes ☐ No ☐ (please tick)

## Emergency contact details (we will try child's home no. first)

Parent 1 Mobile No. .... Work No. ....  
Parent 2 Mobile No. .... Work No. ....

## Two other emergency contacts

Name .....  
Known to child as .....

Tel No. .... Mobile No. ....  
Name .....

Known to child as .....  
Tel No. .... Mobile No. ....

**If your child is to be collected by anyone other than those listed opposite please give their details below and set a security password**

Regular collectors of child (must be over 16 years)

Name .....

Relationship to child .....

Tel No. ....

Mobile No. ....

Password .....

## Medical Information

Child's Doctor ..... Tel No. ....

Address ..... Postcode .....

Has your child been immunised against the following? (please tick)

5-in-1 (DTaP/IPV/Hib)	<input type="checkbox"/>	PCV	<input type="checkbox"/>	Rotavirus	<input type="checkbox"/>	Men B	<input type="checkbox"/>
Men C	<input type="checkbox"/>	MMR	<input type="checkbox"/>	Flu	<input type="checkbox"/>	4-in-1 (DTaP/IPV)	<input type="checkbox"/>

Is your child allergic to anything? .....

Any major illness/operation/hospitalisation? .....

Any ongoing health problems? .....

Please tick the box if you would like to discuss any special needs requirements

☐ (please tick)

Ethnic origin ..... Religion .....

Any requests about religion or other matters we should observe? .....

Languages 1 ..... 2 .....

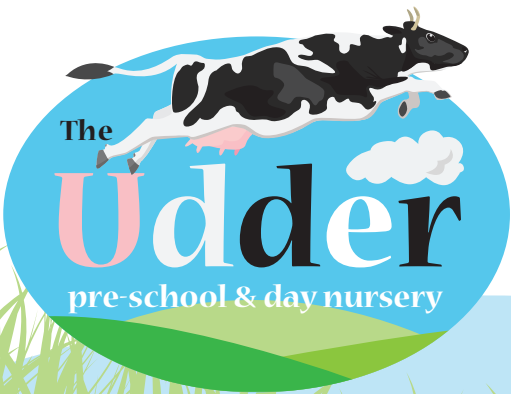
If English is not the main language, will this be your child's first experience of being in an English-speaking environment? Yes ☐ No ☐ (please tick)

Please return this form with the registration fee of £25.00 or contact us for a convenient time for you to visit. Please complete the table below indicating what your childcare needs are. We will also send you a playscheme booking form for each school break.

During School term time	MON	TUES	WED	THURS	FRI
Breakfast 8.00 - 9.00am					
Drop at school <i>(Please tick)</i>					
Geddington					
Stanion					
Collect from school					
After School 3.15 - 6.00pm <i>(please indicate approximate times)</i>					

*(Our admin staff will help you complete this form if required, please ask)*

Thank you and we look forward to welcoming you and your Family to Udders



Official use

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☐
Forms Received
☐

www.the-udder-preschool.co.uk



Out of School Club and Playscheme  
Registration Form

Full day care for children aged 1 to 13 years  
on a family run farm location

Owner/Manager: Mrs Lesley Harker  
Cobley Lodge Farm  
Little Oakley, Corby  
Northamptonshire  
NN18 8HE

Telephone: 01536 742293  
email: theudder@btconnect.com

www.the-udder-preschool.co.uk