**Enrolment Form**

Please complete the following form in full. One form is to be completed per child.

**Key Information**

|  |  |
| --- | --- |
|  |  |
| Child’s First Name(s) |  |
| Known as |  |
| Date of birth |  |
| Gender | Boy |  | Girl |  |
| First language |  |
| Any other language spoken |  |
| **Parent/Carer 1** |  |
| Name |  |
| Address |  |
|  |
| Post Code |  |
| Telephone number (mobile) |  |
| Telephone number (landline) |  |
| Able to collect child | Yes |  | No |  |
| **Parent/ Carer 2** |  |
| Name |  |
| Address |  |
|  |
| Post Code |  |
| Telephone number (mobile) |  |
| Telephone number (landline) |  |
| Able to collect child | Yes |  | No |  |
| Legal custody situation of the child |  |

**Emergency Contacts other than parents**

|  |  |  |
| --- | --- | --- |
|  | Contact 1 | Contact 2 |
| Name |  |  |
| Relationship to child |  |  |
| Telephone Number |  |  |

As security is of the utmost importance, we request that you inform Wildawood Forest School of any delay or changes to collection arrangements. The person collecting your child should bring photographic ID.

**Medical Details**

|  |  |
| --- | --- |
| Doctor’s name: |  |
| Address: |  |
|  |
| Telephone number |  |

**Vaccinations**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | No |  | Yes | No |
| Diptheria |  |  | Tetanus |  |  |
| Hlb |  |  | Mumps |  |  |
| Measles |  |  | Rubella |  |  |
| Polio |  |  | Whooping Cough |  |  |
| Any other vaccinations |  |
| Has your child had any infectious diseases? |  |

**Other Medical Conditions**

|  |  |
| --- | --- |
| Does your child have any allergies? |  |
| Any medical conditions | Diabetes | Constipation | Asthma | Fainting spells |
| Chicken Pox | Heart Disease | Ear infections | Stomach upsets |
| Urinary problem | Other (please list): |
| Does your child have any speech, hearing or visual problems? |  |
| Are there any restrictions to your child’s play or activities? |  |

**Individual Requirements and Details**

|  |  |
| --- | --- |
| Does your child have any food allergies or special dietary requirements? |  |
| Are there any foods you do not want your child to have? |  |
| Does your child have any cultural or religious requirements? |  |
| Any other requirements or information |  |

**Consents**

|  |  |
| --- | --- |
| Medical TreatmentI hereby give consent for the staff of Wildawood Forest School to administer emergency First Aid and to seek emergency medical or dental attention including hospital medical treatment if it is deemed necessary | SignedDate: |

|  |  |
| --- | --- |
| PhotographsI hereby give consent for my child to be photographed and for those photographs to be used and displayed on the Wildawood website, newsletters, blog, social media and other advertising | SignedDate: |

|  |  |
| --- | --- |
| PlastersI hereby give my consent for Wildawood staff to apply a plaster, where necessary, to my child. My child has not shown an allergy to plasters (from previous experience) | SignedDate: |

|  |  |
| --- | --- |
| SuncreamI hereby give my consent for Wildawood staff to apply suncream to my child. (Parents to please provide suncream in child’s rucksack) | SignedDate: |

I agree to comply with all the terms and conditions covered in this agreement.

Name: Date:

Signature: Relationship to child: