

# WYVERN - REGISTRATION FORM

WYVERN ASC

CHILDS NAME:	
PREFERRED NAME:	D.O.B:

<b>PARENT/GUARDIAN NAMES</b>	
PARENT 1:	PARENT 2:
WHO HAS LEGAL PARENTAL CONSENT OF THE CHILD/WHO DOES THE CHILD NORMALLY LIVE WITH?	
<b>NAME OF BILL PAYER AND EMAIL ADDRESS:</b>	

<b>HOME ADDRESS</b>	<b>CONTACT TELEPHONE NUMBERS</b>
	HOME:
	PARENT 1 MOBILE:
	PARENT 2 MOBILE:
	WORK:
<b>PARENT 1 EMAIL:</b>	
<b>PARENT 2 EMAIL:</b>	

<b>WORK PLACE OF PARENT 1</b>	<b>WORK PLACE OF PARENT 2</b>
<b>CONTACT NUMBER:</b>	<b>CONTACT NUMBER:</b>

<b>EMERGENCY CONTACT INFORMATION</b>	
NAME:	NAME:
ADDRESS:	ADDRESS:
CONTACT NUMBER:	CONTACT NUMBER:
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:

<b>NAMES OF ALL OTHER PERSONS THAT MAY COLLECT YOUR CHILD AND THE RELATIONSHIP TO THE CHILD:</b>
<b>PASSWORD:</b>

<b>DOCTORS NAME AND ADDRESS:</b>
<b>TEL NO.</b>

<b>MEDICAL/DIETARY REQUIREMENTS/ALLERGIES:</b>

**CHILDS FIRST LANGUAGE****OTHER LANGUAGE****ETHNICITY OF THE CHILD/EQUAL OPPORTUNITIES MONITORING***White-British  
Any other white background**Irish**Traveller of Irish Heritage**Gypsy/Roma**Mixed- White and Black Caribbean  
Any other mixed background**White and Black African**White and Asian**Asian or Asian British  
background**Indian**Pakistani**Bangladeshi**Any other Asian**Black or Black British**Caribbean**African**Any other black background**Chinese**Any other Ethnic Background***ADDITIONAL INFORMATION:****Any learning/emotional/behaviour difficulties:-**

(Our policy is to share information with our staff responsible for your child to ensure we provide the best possible care, you may receive a follow up call from a member of the Community Enterprise Team)

**PLEASE SIGN TO CONSENT TO THE FOLLOWING STATEMENTS:****I GIVE PERMISSION FOR MY CHILD TO:***Receive emergency treatment if necessary from a paramedic, doctor or staff member with a current first aid certificate* YES/NO*Participate in walks/outings around the campus and local environment* YES/NO*To have photos taken for Wyvern Publicity* YES/NO*To have photos taken for Wyvern Website* YES/NO

*In some cases we may require additional permission for various things to fit in with what is happening around the setting, i.e. face painting. You will be informed in advance and asked to sign a form to give consent.*

I CAN CONFIRM THAT THE INFORMATION PROVIDED IS UP TO DATE AND AGREE TO INFORM STAFF OF ANY CHANGES TO CONTACT INFORMATION / INFORMATION REGARDING MY CHILD.

**SIGNED:****PRINT NAME:****RELATIONSHIP TO CHILD:****DATE:****Office Use Only**Added to FAMLY FAMILY App Log On Issued