



### Kids F1rst LTD Registration Form

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| <u>First Name</u>  |  |
| <u>Last Name</u>   |  |
| <u>Preferred Name</u>  |  |
| <u>Date Of Birth</u>   |  |
| <u>School Attended</u>   |  |
| <u>First Language</u>  |  |
| <u>Address</u>   |  |
| <u>Parent 1 Name</u>   |  |
| <u>Parent 1 Address</u>  |  |
| <u>Parent 1 Contact Number</u>   |  |
| <u>Parent 2 Name</u>   |  |
| <u>Parent 2 Contact Number</u>   |  |
| <u>Email Address</u>   |  |
| <u>Details of the people who hold parental responsibility if different from above:</u> |  |
| <u>Is this child a 'looked after child'?</u>   |  |
| <u>Is your child known to social services?</u>   |  |
| <u>Does the child have any additional/Medical needs?</u>                               |  |
| <u>Emergency Contact 1 Name</u>  |  |
| <u>Emergency Contact 1 Number</u>  |  |
| <u>Emergency 2 Contact Name</u>  |  |
| <u>Emergency 2 Contact Number</u>  |  |
| <u>Emergency 3 Contact Name</u>  |  |
| <u>Emergency 3 Contact Number</u>  |  |
| <u>Relationship to the child</u>   |  |

|   |  |
|---|--|
| <b><u>Name of Dr's Surgery</u></b>  |  |
| <b><u>A Password for collecting your child</u></b>  |  |
| <b><u>Does your child have any allergies?</u></b>   |  |
| <b><u>Do you give permission for the setting to take photos of your child and use them on our social media?</u></b> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b><u>Parent Signature:</u></b>   |  |
| <b><u>Date:</u></b>   |  |