**Little Eagles Registration Form**

**Please complete this form in full and hand back to the Academy Office or Head of Early Years. Should any information change please contact the Academy Office and we will amend accordingly.**

| **Child Information** | |
|---|---|
| Name:<br>Surname: | Middle Name(s):<br>Start Date: |
| DOB: | Are you entitled to Think 2 Funding |
| Address: | Please Tick the sessions you intend to use on a weekly basis below: |
| Postcode: | |
| Gender: | |
| Ethinic Origin: | |
| Home Language: | |
| Religion: | |

| | AM | PM |
|---|---|---|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |

| **Parent/Carer Information** | |
|---|---|
| Title: | Title: |
| Name: | Name: |
| Relationship to child: | Relationship to child: |
| Address: | Address: |
| Home Telephone No: | Home Telephone No: |
| Mobile Telephone No: | Mobile Telephone No: |
| Workplace Telephone No: | Workplace Telephone No: |
| Email address: | Email address: |
| NI: | NI: |
| DOB: | DOB: |
| Parental Responsibility: | Parental Responsibility: |
| Password: Please provide a password if someone else will be collecting your child | |

I consent to any emergency medical treatment necessary during my childs time at Eagles. I authorise Eagles staff to sign any written forms of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my childs health and safety. **YES/NO**

I consent to information about my child being shared with other professionals. **YES/NO**

I consent to staff applying suncream. **YES/NO**

| **Documentation Required** |
|---|
| Birth Certificate seen and returned back to Parent: ☐ |

Signed: ..... Date: .....