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## REDWOOD Registration Form

## **Child Details**

First Name:			Gender:				
Surname:			Date of Bir	th:			
Preferred Name:			Nationality	:			
Proposed date of entry:			Type of car	re Te	erm Tim	l ne after scho	ool pickup
Name of Doctor	_						
GP practice and telephone number							
Home address:							
				Post Co	ode:		
Does your child have any medical conditions of any				ds or		Yes or	No
If Yes, please give details:			Þ				
Preferred sessions:	Monday	Tuesda	y Wed	lnesday	Т	hursday	Friday
Parent/Carer 1 Relat	ionship to chi	ld	Occupation	ı (optio		al responsi	bility YES/NO
Surname:			Place of work Nationality:				
Address:	(if different fro	om above)					
				Post	Code:		
Telephone Nos:							
Home:			Mobile:				
Work:			e-mail addre	ess:			

Parent/Carer 2	Relationship to child		Parental responsibility YES/NO				
First Name:		Occupation (opt	cional):				
Surname:		Nationality:					
Address:	(if different from abo	ve)					
		Pos	st Code:				
Telephone Nos:							
Home:		Mobile:					
Work:		e-mail address: (optional)					
Wa raguira 2 cont	ant numbers to use in second	1					
,	act numbers to use in case of ner than your own.	'					
It is your responsibility under GDPR, to inform them that we have their details & that we may contact them in an		2 2	2				
emergency to collect your child if required. (Please state		2	2				
name and relationship	to child)						
	to collect your child:						
(Please state name, tel relationship to the chil							
Notes	I						
places are subject t of a place is made,	o availability and the admissic a contract will be sent to pare Declaration (the Centre's D	on requirements of the ents to complete.	the order they are received. Offers of e Centre at the time. Once the offe				
We understand the as circumstances re Centre (through the the <b>General Data</b> personal informatio to this for the purpowelfare of the child	Terms and Conditions of the equire and will apply in all our Managing Director, as the per <b>Protection Regulations</b> and n about our child, including seroses of assessment and, if a plant	Centre will undergo r r dealings with the C rson responsible) may d the Data Protection nsitive information sur ace is later offered, in e Centre may contact	earning Centre as a prospective pupile easonable changes from time to time to time. We also understand that the in accordance with the provisions on Act 2017, obtain, process and hold chas medical details, and we consend order to safeguard and promote the us from time to time for the purpos				
D . (C .)	<b>6.</b>						
Parents/Guardian First Signature:	i Signature	Second Signatur	re:				
Name in full:		Name in full:					
Date:		Date:					