The Tree House at Tarporley Child Registration form

Please

complete the following details that we are legally required to collect. They will help us to ensure that your child's requirements are met whilst at the playscheme. It is your responsibility to keep this information up to date so please let the playleaders know of any changes - thanks!

Child's Full Name				Date of Birth				
Ivaille				ווווט				
Name and Address each parent or carer and relationship to child.				Telephor Numbers	S V	lome – Vork – Iobile –		
Alternative emergency contact (name and address)				Telephor numbers				
	_						_	
Who does the child normally live with?		Who has parental responsibility for the child?		canr			ere one who not have act with child?	
Please tell us of any health or medical requirements that we should be aware of. Please include details of any medication your child takes and whether they will need to take them whilst at the scheme.								
Please tell us of an requirements, prefe allergies that your chave.								
				.				
Who is your child's doctor? (name and address of surgery)		child		nat is ild's nnicity	•			
How will your child get home at ☐ Collected Who will collect?								
the end of the session? (please note children aged under 12 must be collected by a named adult)		Own way home	Please passwo	state a ord in case person				