



REGISTRATION FORM

SURREY HILLS FOREST SCHOOL
 BIRTLEY GRANGE
 BRAMLEY
 GUILDFORD SURREY
 GU5 0LB

Please complete in CAPITALS, or circle where necessary. All questions relate to information we need for legal, contractual, and business purposes or to help us understand your child's needs. This document will be our main reference for your child, and we ask you to give your signature as consent for each piece of data we collect and keep. It will be stored when not in use, in a locked cupboard. We follow the statutory retention guidelines for the length of time it will be kept.

Child's surname		Child's forename/s		
Name known as (if different from above)				
Date of Birth		Gender	MALE	FEMALE
Home Address				

Name of Parent/Carer 1				
Address				
Relationship to child				
Telephone numbers (tick priority contact)	Home		Work	
	Mobile		Other	
Contact email address				

Name of Parent/Carer 2				
Address				
Relationship to child				
Telephone numbers (tick priority contact)	Home		Work	
	Mobile		Other	
Contact email address				

Who has parental responsibility?				
Who has legal contact with the child?				
Which parent/carer does the child normally live with?				

Nationality		Language/s spoken by child	
Home language			

Collection of Child: Any person who does not have a password will not be able to collect your child.			
I confirm that I will circulate the password below to all contacts		YES	NO
PASSWORD IS...			
Parent/Carer signature		Date	

If parents / carers are unavailable please give details of who can be contacted in an emergency, and have authority to give permission for any necessary emergency medical advice or treatment:

Name of Contact 1			
Address			
Relationship to child			
Telephone numbers	Home		Work
	Mobile		Other

Name of Contact 2			
Address			
Relationship to child			
Telephone numbers	Home		Work
	Mobile		Other

In an emergency, staff may be asked to provide information to NHS staff regarding your child's medical history and treatment. Please circle the statement appropriately and sign to give your consent?

"I give / do not give permission for staff at Surrey Hills Forest School to seek any necessary emergency medical advice or treatment and to discuss my child's medical history and give permission for treatment if needed"

Parent/Carer signature		Date	
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Please give your child's NHS number and permission to share it, if required.
Please sign to give your consent.

Parent/Carer signature		Date	
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The following may be needed in the event of an emergency. Please sign to give your consent for us to keep medical and vaccination details and share them with NHS staff if required.

Doctor's name		Tel No.	
Surgery address			
Dentist's name		Tel No.	
Surgery address			
Parent/Carer signature		Date	

Is your child up to date with their vaccinations?

	YES	NO
Parent/Carer signature	Date	

Non-food allergies - Is your child allergic to plasters or medication? Please specify.

	YES	NO
Parent/Carer signature	Date	

Distinguishing marks - Does your child have any distinguishing – i.e. birthmarks. If YES, please give details below and sign to give your consent.							YES	NO
Parent/Carer signature						Date		
Attending/attended other settings – Is your child attending, or have they attended another setting. If YES, please give details below and sign to give your consent.							YES	NO
Parent/Carer signature						Date		
Contact from other agencies – Have your family had contact or support from agencies such as Social Services or Health Visitor? If YES, please give details below and sign to give your consent.							YES	NO
Parent/Carer signature						Date		
Child observations – I understand that my child’s key person might update my child’s learning journey at home. If YES, please sign to give your consent.							YES	NO
Parent/Carer signature						Date		
Extended 30 hours – Surrey Hills Forest School requires my 30 hours eligibility code to complete funding paperwork. Please give us your code and sign your consent.							YES	NO
10-digit eligibility code								
Parent/Carer signature						Date		
I confirm that I understand Surrey Hills Forest School will store the information on this form for reference at the setting in a locked cabinet and destroy after the appropriate statutory retention period has passed.								
Parent/Carer Name								
Parent/Carer Signature						Date		
I confirm that this information is accurate at the time of registration and will ensure that the Surrey Hills Forest School is made aware of any changes or updates.								
Parent/Carer Name								
Parent/Carer Signature						Date		

Child's Name		Date of Birth	
Parent Name		Contact Number	

Please include the registration fee with your Registration Form	£30
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A deposit will be requested to secure your child's place and will need to be paid before commencing Surrey Hills Forest School. Fees will be collected from parents / carers by bank transfer. The Forest School place will be forfeited immediately if payment is not made. Bank holidays, sickness and sudden closures due to weather are payable. A term's notice is required when removing your child from Surrey Hills Forest School. Failure to do so will require one month's fees in lieu.

Days Required - Please tell us the date you would like your child to start at Surrey Hills Forest School and tick the specific days.					
Start date required					
	Monday	Tuesday	Wednesday	Thursday	Friday
09:00-16:00		X		X	

Identification badge – Please tell us your child's favourite animal or object that we could use as an identification badge at Surrey Hills Forest School	
Favourite animal or object	

Office Use only – enter completion date

Registration form		Child's key person	
Registration fee		2 year check seen	
Confirmation letter sent		2 year check due	
PDF copy of registration form sent		Tapestry login details given	
Contract sent		Tapestry 'About Me' completed	
Contract returned		Water bottle	
PDF signed contract sent		Communication book	
Deposit received		T- shirts / hat	
Birth certificate seen		Contact number added to phones	
Red book seen		Contact number added to file	
Birthday board		Parent email added	