



St Joseph's RC Primary School, Jarrow



Childcare Registration Form

Child's Details

First Name	Surname	Preferred Name	Date of Registration
Date of Birth	First Language	Key Worker	Tick here if EYFS child

Parent/carer details (please inform us if either parent does not have legal parental responsibility).

Parent/Carer 1			Parent/Carer 2		
Title	First Name	Surname	Title	First Name	Surname
Home Address			Home Address		
Work Address			Work Address		
Home Tel	Mobile	Work Tel	Home Tel	Mobile	Work Tel
Email			Email		

Alternative Emergency Contact Details

Name	Home Tel	Mobile
Address		Relationship to Child
Name	Home Tel	Mobile
Address		Relationship to Child
Please provide full details of any medical conditions that the school should be aware of, any emergency action that should be taken and any medication that needs to be in school (e.g. Asthma, epilepsy, allergies to bee stings, food allergies or particular medicines)		
Please detail any additional/special needs your child has.		
Please detail any special dietary requirements.		
In the event that my child is involved in a serious accident, I expect to be contacted immediately on the above telephone numbers.		
In the event that my child requires immediate medical treatment before I can get to the hospital, I hereby authorise the staff member present to consent to any emergency treatment necessary to ensure the health and safety of my child on my behalf.		
Signature of parent/carer _____		
Print Name _____ Date _____		