



Busy Bees (Marshalswick) Ltd

Registration form

Childs full name	
Date of birth	
Gender	
Childs address	
Postcode	
Place of birth	
Ethnicity	
Religion	
Language spoken at home	
If you qualify for 2-year-old funding, please put code here	
If you qualify for 3-year-old funding, please put code here	
Childs NHS number	

Sessions required

	Monday	Tuesday	Wednesday	Thursday	Friday
Early Club 8.30-9.15am					
Morning 9.15am-12.15					
Lunch Club 12.15-1pm					
Ful day 9.15am-3pm					

1st Parent/carers signature:.....

2nd Parent/carers signature:.....

Date:.....



Busy Bees (Marshalswick) Ltd

Parent/Carers information

	Main parent/carers	2 nd Parent/carers
Title e.g. Miss, Mrs, Mr		
Full Name		
Address, if different from child		
Postcode		
Home number		
Mobile number		
Work address and phone number		
Occupation		
Email address		
Relationship to child		
National insurance number		
Does this person have parental responsibility	Yes/No	Yes/No

Please provide a unique password which will be kept on file. This is to ensure that we only ever hand over your child to you and your authorised person/s	
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1st Parent/carers signature:.....

2nd Parent/carers signature:.....

Date:.....



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Emergency contact information

	Emergency contact 1
Relationship to child	
Title e.g. Miss, Mrs, Mr	
Full name	
Address	
Postcode	
Home number	
Mobile Number	
Name of workplace and phone number	

	Emergency contact 2
Relationship to child	
Title e.g. Miss, Mrs, Mr	
Full name	
Address	
Postcode	
Home number	
Mobile Number	
Name of workplace and phone number	

1st Parent/carer signature:.....

2nd Parent/carers signature:.....

Date:.....



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Medical information

GP name		GP Surgery address and phone number	
Other professionals involved e.g. speech therapist			
Known allergies		Dietary requirements/restriction	
Any known illnesses/health problems		On any long-term medication that is prescribed	
Disabilities/SEN		TAF, CAF in place or social workers involved (please state which)	

1st Parent/carers signature:.....

2nd Parent/carers signature:.....

Date:.....



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Documents to provide

Birth certificate	Checked by: Date:
Proof of address (utility bill, bank statement etc)	Checked by: Date:
Parent/carers photo ID	Checked by: Date: