

The Wright Education

Registration Form

Manager: Ms. Sandra Wright - 07852 137 462



website: www.wrighteducationuk.com

e-mail: office@wrighteducationuk.com

Please complete in **BLOCK** capitals (black or blue ink)

Child's Personal Details		
Full name of child:	Date of Birth: (dd/mm/yy)	Gender: (circle one) M / F
Child's Home Address & Postcode:	Child's School Name & Class Number:	

Primary Contact 1	
Full Name:	Relationship to Child:
Home Address:	
Postcode:	
Email:	
Phone 1:	Phone 2:

Primary Contact 2	
Full Name:	Relationship to Child:
Home Address:	
Postcode:	
Email:	
Phone 1:	Phone 2:

Please tick as appropriate

Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Welsh <input type="checkbox"/> Other Spoken Language (Please specify): _____ <input type="checkbox"/> British Sign Language <input type="checkbox"/> Makaton <input type="checkbox"/> Other Communication (Please specify): _____	Religion or Faith <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian (all denominations) <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Any Other Religion (Please specify): _____ <input type="checkbox"/> No Religion <input type="checkbox"/> Prefer not to say	Child's Ethnicity <input type="checkbox"/> Asian/Asian British <input type="checkbox"/> Black/Black British <input type="checkbox"/> Mixed/Multiple Ethnic Groups <input type="checkbox"/> White <input type="checkbox"/> Other Ethnic Group (Please specify): _____ <input type="checkbox"/> Prefer not to say
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Child's Full Name:

Medical Details
Doctor/Surgery:
Surgery Address:
Postcode:

Dietary needs:

Medical Information:

Additional needs/Disabilities (please tick appropriate and provide details)	
<input type="checkbox"/> Medical	
<input type="checkbox"/> Physical	
<input type="checkbox"/> Injury	
<input type="checkbox"/> Sensory	
<input type="checkbox"/> Developmental	
<input type="checkbox"/> Mental Health	
<input type="checkbox"/> Progressive	

Medical Details (continued)
Details of current medication:
Has your child received the tetanus injection in the last 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has your child been in contact with any contagious or infection diseases, or suffered anything that may be, or become contagious or infectious? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" please provide details:
Any other relevant medical information?

I undertake to inform the Manager of Wright Education as soon as possible of any change in medical and/or any other relevant circumstances.

Signed: (Parent/Carer) _____ Date: _____

[This page is left intentionally blank]

Child's Full Name:

Please provide details of persons who can be contacted in an emergency

Emergency Contact 1	
Full Name:	Relationship to Child:
Home Address:	
Postcode:	
Phone 1:	Phone 2:
This person is authorised to collect this child: <input type="checkbox"/> YES <input type="checkbox"/> NO	

Emergency Contact 2	
Full Name:	Relationship to Child:
Home Address:	
Postcode:	
Phone 1:	Phone 2:
This person is authorised to collect this child: <input type="checkbox"/> YES <input type="checkbox"/> NO	

PLEASE NOTE

A phone call for verbal permission with an accurate description of the collector is required before releasing any child to anyone other than those noted on this form.

A password will be required.

Contractual agreement between parent(s)/carer(s) and the Wright Education

- I have correctly completed this registration form and given the annual registration fee.
- Receive the handbook and terms and conditions via email within 7 days of submitting this application form.
- I have read and agree to the terms and conditions of The Wright Education found on the company website.
- I will inform the company of any changes in circumstances relating to the above or anything that may affect my child.
- I agree to collect/make arrangements for my child to be collected from The Wright Education immediately if I am informed that he/she is unwell.
- I agree and give permission for my child/children to go on local trips with The Wright Education.
- I agree and give permission for my child/children to go swimming providing they have the correct equipment with The Wright Education.
- I agree to make payment for the days selected on this form until I cancel my child's place in writing at The Wright Education.

	Breakfast Club (£4 per/session)						After-School Club (£10 per/session)						Holiday School (£25 per/session)				
	M	Tu	W	Th	F		M	Tu	W	Th	F		M	Tu	W	Th	F

Please place a tick or X in the box(es) relevant for your child.

Name of parent/carers 1 (Primary contact 1 on form): _____

Signature of parent/carers: _____ **Date:** _____

Name of parent/carers 2 (Primary contact 2 on form): _____

Signature of parent/carers: _____ **Date:** _____

Personal information contained in this contract and registration form is kept in line with the confidentiality policy and procedure for The Wright Education.

Wright Education Staff Use Only		
Child's Full Name:	Date of Birth: (dd/mm/yy)	Age:
Date application form received: _____		
By: _____ Role: _____		
<input type="checkbox"/> Parent's handbook sent to Primary Contact 1 via email Date: _____ <input type="checkbox"/> Parent's handbook sent to Primary Contact 2 via email Date: _____		

Parent/Carer please duplicate information below and ensure a staff member has signed below on paying fee

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Child's Full Name:

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Please place a tick or X in the box(es) relevant for your child.

Name of parent/carers 1 (Primary contact 1 on form): _____

Signature of parent/carers: _____ **Date:** _____

Name of parent/carers 2 (Primary contact 2 on form): _____

Signature of parent/carers: _____ **Date:** _____

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Staff Name:	Staff Signature:	Date:
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