



www.funtastic101.co.uk

Registration Details

Funtastic Clubs
14 Rushmere Rd
Bournemouth
Dorset
BH6 5PE
Tel: 07791 379792 - 07591705862

OFSTED:
EY340878/EY422707/EY473071/EY563622

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Dear Sir/Madam

We need registration details about your family.

Please complete the form below then sign it and return it to us as soon as possible. By signing this form, you consent to the information contained herein to be held on a computer and used in accordance with the General Data Protection Regulation. Please note that your child will not be able to attend the club until this form has been submitted to the office for processing.

Signed:

Date:

Person with Parental Responsibility / Main Contact

1. Title:

First Name:

Last Name:

Relationship:

Order to contact (if any):

Use 1 for 1st, 2 for 2nd, etc.

Do You Have Parental Responsibility?:

Use Yes / No

2. Phone: Day/Work:

Home:

Mobile:

3. e-mail:

4. Address: Line 1:

Line 2:

Town:

County:

Postcode:

Child

1. First Name:
Last Name:
Middle Name (if any):
 Date of Birth:
 Town of Birth:
 Gender (M/F):
 Password:
 (This is required for pick up)
2. Legal names (if different):
First Name:
Last Name:
Middle Name (if any):
3. Other nurseries in use 1:
 Nursery 2:
 Nursery 3:
4. Doctor: Name:
 Tel:
 Tel (Out of Hours):
5. Dentist: Name:
 Tel:
 Tel (Out of Hours):
6. Health Visitor (if any): Name:
 Tel:
 Tel (Out of Hours):
 Has your child had their 2 year check (if relevant) Y/N:
7. Medical Conditions & Special Diet Notes

8. General Notes. Please tell us about your child's interests, cultural background, likes, dislikes, etc.

Child (continued)

First Name:

Last Name:

Middle Name (if any):

9. Ethnicity (Please tick one option from the list below)

White, British

White, Irish

Traveller of Irish Heritage

Gypsy/Roma

White, any other White Background

Mixed, White and Black Caribbean

Mixed, White and Black African

Mixed White and Asian

Mixed, any other mixed background

Asian or Asian British, Indian

Asian or Asian British, Pakistani

Asian or Asian British, Bangladeshi

Asian or Asian British, Any other Asian Background

Black or Black British, Caribbean

Black or Black British, African

Black or Black British, Any other Black background

Chinese

Any other ethnic background

Do not wish to be recorded

10. Consent (Please tick if you consent to the following)

I consent to my child having prescribed medicines administered as described in section 7, 'Medical Conditions & Special Diet Notes'.

I consent to my child participating in off-site outings.

I consent to my child having their photograph taken for use in the Setting and for publicity.

I consent to my child participating in face painting activities.

I consent to the setting staff administering Emergency First Aid and to seek necessary medical advice or treatment as required.

I consent to my child having sun screen applied as required.

Trusted Friends / Family Members (Adult family member or trusted family friend)

1. Title:
First Name:
Last Name:
Relationship:
Order to contact (if any): Use 1 for 1st, 2 for 2nd, etc.
Has Parental Responsibility? Use Yes / No
2. Phone: Day/Work:
Home:
Mobile:
3. e-mail:
4. Address: Line 1:
Line 2:
Town:
County:
Postcode:

Trusted Friends / Family Members (Adult family member or trusted family friend)

1. Title:
First Name:
Last Name:
Relationship:
Order to contact (if any): Use 1 for 1st, 2 for 2nd, etc.
Has Parental Responsibility?: Use Yes / No
2. Phone: Day/Work:
Home:
Mobile:
3. e-mail:
4. Address: Line 1:
Line 2:
Town:
County:
Postcode:

PLEASE LET US KNOW HOW DID YOU HEAR ABOUT US: (please tick the relevant answer)

Through the school

Family or friends

From our website

Other:

N.B: Please note that your details will be held on file for the purpose of your child attending the setting and will be destroyed 2 years after their last day of attendance. Please see our privacy notice.