

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:**

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/carer 1 (Primary contact 1 on form): _____

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

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

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

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

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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

--X-----

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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