



# REGISTRATION FORM

CHILD'S NAME \_\_\_\_\_

D.O.B. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

MOTHER/CARER'S NAME \_\_\_\_\_

FATHER/CARER'S NAME \_\_\_\_\_

ADDRESS if different from above \_\_\_\_\_

ADDRESS if different from above \_\_\_\_\_

HOME PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

MOBILE \_\_\_\_\_

MOBILE \_\_\_\_\_

PLACE OF WORK \_\_\_\_\_

PLACE OF WORK \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

EMAIL \_\_\_\_\_

## NAME OF ADDITIONAL PERSON/S REGULARLY COLLECTING YOUR CHILD:

NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_

## EMERGENCY CONTACT/S:

NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_

NAME OF ANY OTHER ADULT WHO MAY COLLECT YOUR CHILD \_\_\_\_\_

Please note: If someone other than a parent/guardian or named person on this form is to collect your child then staff MUST be informed and the person collecting your child will be asked for the agreed password.

PLEASE PROVIDE PASSWORD \_\_\_\_\_

## PLEASE SIGN TO GIVE PERMISSION FOR ANY OR ALL OF THE FOLLOWING:

For photos/videos of my child to be used for display purposes \_\_\_\_\_

For photos/videos of my child to be used on the BS website and facebook page \_\_\_\_\_

For my child to take part in outings in and around Melrose \_\_\_\_\_

For my child to play in the playground after 8.30am \_\_\_\_\_

The Big Space, Melrose Primary School, Huntly Road, Melrose, TD6 9SB

Telephone: 07882868997 Email: [info@thebigspace.org.uk](mailto:info@thebigspace.org.uk) Website: [www.thebigspace.org.uk](http://www.thebigspace.org.uk)



# MEDICAL DETAILS

DOCTOR'S NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PLEASE GIVE DETAILS OF IMMUNISATIONS YOUR CHILD HAS HAD TO DATE:

\_\_\_\_\_  
\_\_\_\_\_

DOES YOUR CHILD HAVE ANY MEDICAL CONDITION OF WHICH THE CLUB SHOULD BE AWARE (eg asthma, epilepsy etc)?

\_\_\_\_\_  
\_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY ADDITIONAL SUPPORT NEEDS? IF SO, PLEASE GIVE DETAILS BELOW AND ARRANGE TO MEET WITH THE MANAGER TO DISCUSS HOW BEST WE CAN SUPPORT YOUR CHILD WHILE S/HE ATTENDS THE CLUB.

\_\_\_\_\_  
\_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIFIC DIETRY/ETHNIC/CULTURAL REQUIREMENTS OF WHICH WE SHOULD BE AWARE?

\_\_\_\_\_  
\_\_\_\_\_

All information on this form is purely for staff information and will remain confidential. Parents/carers are responsible for informing the Big Space of any changes to the above information.

Please sign below to confirm that all the information given is accurate and that you are happy with the terms and conditions noted on our website.

PARENT/CARER'S SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

MANAGER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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