**The Wright Education**

Registration Form

Manager: Ms. Sandra Wright - 07852 137 462

website: [www.wrighteducationuk.com](http://www.wrighteducationuk.com) e-mail: [office@wrighteducationuk.com](mailto:office@wrighteducationuk.com)

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Personal Details** | | | |
| **Full name of child:** | | **Date of Birth:** | **Gender: (circle one)**  **M/F** |
| **Child’s Home Address & Postcode:** | **Child’s School Name & Class Number:** | | |

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

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

**Please tick as appropriate**

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| **Preferred Language**  **☐ English**  **☐ Welsh**  **☐ Other Spoken Language**  **(Please specify):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **☐ British Sign Language**  **☐ Makaton**  **☐ Other Communication**  **(Please specify):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Religion or Faith**  **☐ Buddhist**  **☐ Christian (all denominations)**  **☐ Hindu**  **☐ Jewish**  **☐ Muslim**  **☐ Sikh**  **☐ Any Other Religion**  **(Please specify):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **☐ No Religion**  **☐ Prefer not to say** | **Child’s Ethnicity**  **☐ Asian/Asian British**  **☐ Black/Black British**  **☐ Mixed/Multiple Ethnic Groups**  **☐ White**  **☐ Other Ethnic Group**  **(Please specify):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **☐ Prefer not to say** |

**Child’s Full Name:**

|  |
| --- |
| **Medical Details** |
| **Doctor/Surgery:** |
| **Surgery Address:**  **Postcode:** |

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| **Dietary needs:** |

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| **Medical Information:** |

|  |  |
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| **Additional Needs/Disabilities and Services (please tick appropriate and provide details)** | |
| **☐ Medical** |  |
| **☐ Physical disability** |  |
| **☐ Developmental** |  |
| **☐ Behavioural** |  |
| **☐ Support Services** |  |
| **☐ Other Services** |  |

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| **Medical Details (continued)** |
| **Details of current medication:** |
| **Has your child received the tetanus injection in the last 5 years? ☐YES ☐NO** |
| **Has your child been in contact with any contagious or infection diseases, or suffered anything that may be, or become contagious or infectious? ☐YES ☐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**

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| **Emergency Contact 1** | | |
| **Full Name:** | | **Relationship to Child:** |
| **Home Address:**  **Postcode:** | | |
| **Phone 1:** | **Phone 2:** | |
| **This person is authorised to collect this child: ☐YES ☐NO** | | |

|  |  |  |
| --- | --- | --- |
| **Emergency Contact 2** | | |
| **Full Name:** | | **Relationship to Child:** |
| **Home Address:**  **Postcode:** | | |
| **Phone 1:** | **Phone 2:** | |
| **This person is authorised to collect this child: ☐YES ☐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, £15.
* 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, unless the school is closed or until I cancel my child’s place in writing at The Wright Education**.

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|  | Breakfast Club  (£5 per/session) | | | | |  | After-School Club  (£15.50 per/session) | | | | |  | Holiday School  (£30 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.

|  |
| --- |
| I would like me child to start on (Day Month Year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**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.

Staff Name: Staff Signature: Date:

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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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| ☐Parent’s handbook sent to Primary Contact 1 via email  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐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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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Breakfast Club  (£5 per/session) | | | | |  | After-School Club  (£15.50 per/session) | | | | |  | Holiday School  (£30 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 attendance.

**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.

Staff Name: Staff Signature: Date: