 **Fowey Primary School - Oceans Registration Form**

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| **Name(s) of child/ren**  | **DOB** |
| ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | ………………………………………..………………………………………..………………………………………... |
| **Class** | **Address** |
| ………………………………………….………………………………………….…………………………………………. | ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **Parent/Carer 1** | **Address if different from above:** |
| ……………………………………………………………….………………………………………………………………. | ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………. |
| Home Tel…………………………………………………Mob………………………………………………………… |
| **Parent/Carer 2** | **Address if different from above:** |
| ……………………………………………………………….………………………………………………………………. | ……………………………………………………………………………….……………………………………………………………………………….………………………………………………………………………………. |
| Home Tel…………………………………………………Mob………………………………………………………… |
| **Emergency Contacts** |
| Name ………………………………………………………………………………… Tel ………………………………………………… Name ………………………………………………………………………………… Tel …………………………………………………   |
| **Collection – Please gives names of those may be collecting your child/ren** |
| ………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………..**Password**……………………………………………………………………………………………………………………………………… |
| **Medical information – Please inform Oceans of any Medical continuous including any allergies**  |
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 Please tick to give consent for the club to administer first aid of initiate appropriate

 treatment in the event of an emergency.

Signed…………………………………………………………………………………………… Date……………………………………………