A logo for a school

Description automatically generated **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** | | | |
|  | | | |

Please tick to give consent for the club to administer first aid of initiate appropriate

treatment in the event of an emergency.

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