

## REGISTRATION FORM AND PARENT/CARERS EMERGENCY CONTACT DETAILS

Child's Name :	
Date of Birth :	Year Group :

Names of people who **ARE** allowed to collect child(ren). Please PRINT below

Name:	Relationship to child
Address:	
Contact Number:	
Name:	Relationship to child
Address:	
Contact Number:	
Name:	Relationship to child
Address:	
Contact Number:	

Names of people who **ARE NOT** allowed to collect child(ren). Please print below

Name:	Relationship to child
Reason:	

Is this child allowed to walk home after Acorns?    YES / NO    (delete as appropriate)

I have read, understood and agree to sharing our family data in line with the Data Protection Policy which can be viewed on the school website. OPT IN   

Signature : \_\_\_\_\_ Print : \_\_\_\_\_

Relationship to child : \_\_\_\_\_ Date: \_\_\_\_\_