

Ireland Wood Children's Centre
A Sure Start Children's Centre

Registered Charity Number: 1107390



● Raynel Gardens, Ireland Wood, Leeds LS16 6BW ● Telephone/Fax: 01132 817829 ● Website: www.irelandwoodchildrenscentre.com

SQUIRRELS OF IRELAND WOOD REGISTRATION FORM.

This form must be accompanied with the current family registration fee (if applicable) and be returned to the Children's Centre office before any booking requests can be processed.

The information on this form is confidential and is for reference only. It will help us to care for your child out of school hours. A form must be completed for each individual child.

Name _____ Date of birth _____

School _____ Current Class _____

Name & Date of birth of other children of the family

1. _____

2. _____

3. _____

Name of Parent(s) _____

Full Address _____

Contact Telephone Numbers (including Home, Work & Mobile) _____

Email address _____

Permission to send correspondence and invoices by email when this service becomes available. YES NO

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Permission to take photographs of your child to be used for learning and occasionally for promotion. YES NO

Permission to give your child emergency treatment. YES NO

Does your child suffer from Asthma or any other medical condition likely to affect him/her at Squirrels? YES NO

If yes please give details _____

Does your child have any known allergies (e.g foods) YES NO

If yes please give details _____

Please give further details of any medication / inhalers etc. and any details which you feel may be relevant (e.g prone to nosebleeds etc.) on a separate sheet if necessary. _____

Details of Doctor

Name _____

Address _____

Telephone Number _____

Out of Hours Telephone Number (if different) _____

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Emergency Contact Numbers

Please give below full details of who we should contact if your child is ill or if we need to contact you in an emergency in the order of preference.

Parents Name _____

Address _____

Telephone Numbers _____

Other Contacts:

Name _____

Telephone Numbers _____

Name _____

Telephone Numbers _____

I confirm that I have received, read and understood the Terms & Conditions for Squirrels and that I agree to abide by them.

Signed
(Parent/Carer) _____ Date _____

Name in Full _____

Signed
(Parent/Carer) _____ Date _____

Name in Full _____