

Registration Form for The Lime Trees

Child's full name:			
Name to be used:			
Date of Birth		Childs Birth certificate checked	
Religion (if any)		Ethnicity	
Parent 1 Name and Address		Parent 2 Name and Address	
Is the above address the child's main residency? Yes/No		Is the above address the child's main residency? Yes/No	
Does the above parent have parental responsibility? Yes/No		Does the above parent have parental responsibility? Yes/No	
Home Telephone number:		Home Telephone number:	
Mobile number:		Mobile number:	
Workplace address & contact numbers:		Workplace address & contact numbers:	
Any other person with parental responsibility for your child?	Name:		
	Address:		
	Contact Number:		
Other emergency contact numbers	Name		
	Address		
	Contact number		
	Name		
	Address		
Names of persons authorised to collect your child & contact no:	Name, address & contact number		Name, address & contact number
	Is this person known to your child?		Is this person known to your child?
	Password to be used		Password to be used

Any medical conditions / allergies:	
Specific dietary requirements	
Name and signature of person responsible for payments	
Contact email addresses for correspondence and invoices	

DECLARATIONS:

I hereby consent for my child to take up a place at The Lime Trees according to the Terms and Conditions set out in its policies and procedures.

I understand that persistent late or non-payment of fees will jeopardise my child's continued attendance. The Lime Trees reserves the rights to give your name and address to a third party in order to collect any outstanding debts owed. We will only do this if we are unable to recover any outstanding amounts due through our own procedures.

The Lime Trees are registered with the ICO and fully compliant with the General Data Protection Regulations 2018.

I give permission for the data on this form to be processed and held by The Lime Trees. (Please see our Private Notice for further details).

Signed.....Print name.....Date.....
(PARENT OR PERSON WITH PARENTAL RESPONSIBILITY)

FOR OFFICE USE ONLY – DATE AND SIGN NEXT TO EACH STATEMENT	
Medical conditions checked, staff informed & club sheet updated.....	
Specific dietary requirements checked, staff informed & club sheet updated.....	
Photography permissions checked & club sheet updated.....	
Consent form completed & checked.....	
Privacy statement signed & returned.....	

