



Alderley Edge Community Primary School
Church Lane, Alderley Edge, Cheshire, SK9 7UZ
(School) 01625 704 510 (The Squirrel Club) 01625 704 513
thesquirrelclub@aecps.org

CHILD REGISTRATION FORM

Staff to complete

Allergies/Medical	
Disabilities	
EHCP	
Dietary	
Photography	

Please answer all questions fully and accurately in order that your child's record has the correct information.

CHILD'S DETAILS

Child's first name :

Surname :

What s/he likes to be called :

Gender :

Date of Birth :

School :

Year Group :

Home Address :

Post Code :

Does your child have a sibling? Yes / No

If yes, please give name:

PARENT/GUARDIAN DETAILS

Title :
First name :
Surname :
Telephone :
Email :

EMERGENCY CONTACT DETAILS (not same as parent details previously listed)

1st Contact Name

Relationship to child :
Email :
Telephone
 Day :
 Evening :
 Home :
 Mobile :
 Work :

2nd Contact Name

Relationship to child :
Email :
Telephone
 Day :
 Evening :
 Home :
 Mobile :
 Work :

If your child is going to be collected by someone other than individual named above then this person will need to provide a password.

Password on collection will be

MEDICAL

Which surgery is your child registered with?

Name of Surgery :

Address :

Tel No :

ABOUT YOUR CHILD

Does your child have any difficulties or disabilities we should be aware of? Yes / No

Does your child have an EHCP? Yes / No

If yes, please state the ways you support them.

Does your child take medication? Yes / No

If yes, please state medication and discuss with The Squirrel Club staff and complete medical form.

Does your child have any allergies or medical conditions different to above? Yes / No

If yes, please state and discuss with The Squirrel Club staff and complete medical form.

Does your child attend Alderley Edge Community Primary School? Yes / No

If no, which setting do they currently attend?

DIETARY NEEDS

Does your child have any specific dietary requirements? Yes / No

If yes, please specify and discuss with The Squirrel Club Manager.

Does your child have any food allergies not mentioned above? Yes / No

If yes, please specify and discuss with Squirrel Club Manger Please describe typical allergic reaction e.g. itchy rash, swelling lips etc.

SAFEGUARDING

Does your child or family have support from other agencies/professionals? Yes / No

If yes, please specify and discuss with The Squirrel Club Manager.

RELIGION if your child follows a particular religious belief, please specify:

CONSENT

- Yes No The Squirrel Club Team can carry out first aid on my child.
- Yes No My child will be able to follow The Squirrel Club behaviour policy and rules.
- Yes No I abide by The Squirrel Club policies, terms and conditions.
- Yes No My child, under supervision, may use school facilities and visit local areas e.g. park, library.
- Yes No The Squirrel Club staff can help apply sun cream to my child when appropriate. (Child’s arms leg shoulders and face, as appropriate).

I consent for the staff at The Squirrel Club to take photos of my child for?

- Yes No Displays
- Yes No Website /Media
- Yes No Student portfolio

I confirm that the information given above is correct and will advise The Squirrel Club immediately of any changes to these details.

Signed :

Print name :

Date :

Details checked by The Squirrel Club Manager / Deputy Manager

Signed :

Manager :

Date :