



## Woodpeckers

### Enrolment form

Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home telephone number \_\_\_\_\_

Email address \_\_\_\_\_

#### Next of kin Details

##### **1, Mother**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home telephone number \_\_\_\_\_ mobile number \_\_\_\_\_

Work number \_\_\_\_\_ Email \_\_\_\_\_

##### **2, Father**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home telephone number \_\_\_\_\_ mobile number \_\_\_\_\_

Work number \_\_\_\_\_ Email \_\_\_\_\_

#### **Details of who you would like us to contact in an emergency if we can't contact you.**

1, Name \_\_\_\_\_ contact number \_\_\_\_\_

2, Name \_\_\_\_\_ contact number \_\_\_\_\_

## Medical information

### Medical conditions

My child has the following medical condition \_\_\_\_\_

\_\_\_\_\_

### Allergies

Does your child have any allergies? (including foods, medications, face paints etc)

Yes    No

Details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Regular Medication

My child takes the following medications \_\_\_\_\_

\_\_\_\_\_

### Permissions

I give permission for Photographs to be taken of my child   YES    NO

**Any further information** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_