

Learning to Love God & to Love Our Neighbour as Ourselves.

The Treehouse Registration Form

Pupil Personal Information

Forename:		Surname:	
Address:			
Post Code:		Telephone:	
Year Group:			

Parent/Carer information 1

Title:		Forename:		Surname:	
Relationship to child:					
Home No.:					
Mobile No.:					
Work No.:					
Email:					

Parent/Carer information 2

Title:		Forename:		Surname:	
Relationship to child:					
Home No.:					
Mobile No.:					
Work No.:					
Email:					

Additional Contact information

Title:		Forename:		Surname:	
Relationship to child:					
Home No.:					
Mobile No.:					
Work No.:					

Pupil Medical information

Doctor Practice name/address/contact number:	
Medical conditions:	

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Pupil Dietary Information

- No dietary requirements []
- Vegetarian []
- Other e.g. vegan, Halal [] please give details in the box below

Allergies – please give information of ANY allergies (including food) in the box below

Does your child have any additional needs? Yes / No

If yes, please provide details in the box below

Photo consent

I consent to

The Treehouse taking photos / videos of my child Yes / No

I consent to photos of my child -

being used in internal displays Yes / No

being used on the Academy/Trust website Yes / No

being used on Academy social media accounts Yes / No

Being used in local media (e.g. newspapers) Yes / No

PG Films

I consent to my child watching PG films (as selected by staff) Yes / No

I confirm that all the above information is correct and understand that it is my responsibility to advise The Treehouse if anything changes.

I confirm that I have read and understood the Breakfast and After School Club Policy (including the terms and conditions).

Name of Parent/Carer:

Signature:

Date: