

Learning as we grow. Growing as we learn. Rooted in Jesus.

## 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

***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: .....