**BETHNAL GREEN MONTESSORI: CHILD INFORMATION RECORD**

**CHILD'S DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gender | D.O.B | Forenames | Surname | Known as |
| M / F |  |  |  |  |

|  |  |
| --- | --- |
| Main Home Address |  |
| Second Address |  |
| Ethnicity *(we are required to ask for this information)* |  |
| Languages spoken at home |  | Religion |  |

**PARENTS’ INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Parent  | Parent  | Guardian/other |
| Forename |  |  |  |
| Surname |  |  |  |
| Home Tel |  |  |  |
| Mobile Tel |  |  |  |
| Work Tel |  |  |  |
| Email |  |  |  |
| Parental Responsibility | YES / NO | YES / NO | YES / NO |

|  |  |
| --- | --- |
| If parents live apart and both wish to receive school correspondence please indicate  | YES / NO |
| Who will normally collect child and relationship to child | Telephone: |
| Previous Carer |  |

**EMERGENCY CONTACTS (In addition to parents)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Full name | Relationship to child | Address | Telephone |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

**MEDICAL HISTORY**

|  |  |  |
| --- | --- | --- |
| Major Illnesses/Special Health Requirements | Allergies/Special Dietary Requirements | Injections (please list and date) |
|  |  |  |
| Family Doctor: Telephone:Address: |
| Family Dentist:Telephone:Address | Health Visitor:Telephone: |

*Continued........*

***In order for your child to attend Summer School, please return this completed form to the office at 68 Warner Place, Bethnal Green, London, E2 7DA, or by email.***

**CONTRACT: *THIS SECTION MUST BE SIGNED AND DATED***

**(*The following permissions are mandatory i.e. we could not accept a child without this authorisation. Please tick.)***

* I give permission for the staff of Bethnal Green Montessori to take my child to hospital for treatment if necessary *(parents will always be contacted first if possible).*
* I agree to uphold all school policies as a condition of my child’s attendance at the school. *(as detailed in the prospectus which can be viewed in the school office)*

**Signed**  ......................................................................................... **Print**  ............................................................................................... **Date**  ...................................................

 ***(The following permissions are voluntary)***

* I consent to allow school staff to take photographs/short video sequences of my child during school activities, to use solely for education/publicity (including social media) purposes. *(All images used will be anonymous).*

**Signed**  ......................................................................................... **Print**  ............................................................................................... **Date**  ...................................................

***Thank you***

**FOR OFFICE USE:**

Birth Certificate *(ID check)* Date ........................................ By ..............................................................

Completed Questionnaire Date ........................................

Notes

*Updated June 2019*