



MAGPIES WEST

REGISTRATION FORM 2022

WRITE CLEARLY USING BLOCK CAPITALS PLEASE

CHILD FIRST (OR PREFERRED) NAME AND LAST (FAMILY) NAME

PARENT/ CARER NAME

PHONE NUMBER(S) **You must be contactable while your child is at Magpies**

YOUR CHILD'S DATE OF BIRTH

AGE TODAY

CLASS/ TEACHER

DIETARY NEEDS

MEDICAL NEEDS

ADDITIONAL SUPPORT

LIKES/ DISLIKES

NAME OF SECOND OR EMERGENCY COLLECTOR AND THEIR PHONE NUMBER

YOU MUST GIVE A PASSWORD

HOME ADDRESS

POSTCODE

PARENT/ CARER EMAIL ADDRESS

FORBIDDEN COLLECTORS

I give my permission for the following:

CROSS OUT THOSE THAT YOU DO NOT GIVE YOUR PERMISSION FOR

UNNAMED PHOTOGRAPHS

APPLICATION OF PLASTERS

FACE PAINT

APPLICATION OF SUN CREAM

NAPPY CHANGING WATCH

LIMITED TELEVISION

LIMITED ACCESS TO COMPUTER GAMES

MY CHILD **NEEDS/ DOES NOT NEED** DELIVERY TO AND COLLECTION FROM CLASS

DELETE ONE

OUR FULL TERMS AND CONDITIONS, POLICIES AND PROCEDURES CAN BE FOUND ON OUR WEBSITE

www.magpies.info

MAGPIES WEST IS RUN BY KIDLINGTON CHILDCARE LIMITED TRADING AS MAGPIES

REGULATED BY OFSTED URN 2663422

We accept payment by all Childcare Vouchers, Tax Free Childcare and directly into our bank.

We do not accept cash.

Parent(s) signature.....

Date.....

Please give any additional information of separate NAMED sheet