



MANOR BEACH PRIMARY SCHOOL

Beach Buddies Registration Form

Child's Personal Details

NAME:	
CLASS:	
DATE OF BIRTH:	

Parent/Carer Details:

Name:	
Address:	
Does the child normally live at this address YES/NO	
Work Address:	
Work contact number:	
Mobile:	
Email:	
Parental Responsibility YES/NO	

Name:	
Address:	
Does the child normally live at this address YES/NO	
Work Address:	
Work Contact Number:	
Mobile:	
Email:	
Parental Responsibility YES/NO	

Adult with permission to collect

Name			
Contact number		Relationship to child	
Address:			
Name			
Contact number		Relationship to child	
Address:			

Name of Doctor			
Address			
Telephone Number			
Do you give permission for Beach Buddies staff to sign any written consent required by hospital authorities, if they delay in getting the parents signature is considered by the Dr to endanger your child's health & safety YES/NO			

About Your Child

Please provide full details of any additional/ special needs:	
Please provide any dietary requirements/ food allergies:	
Is there anything your child doesn't like (food, games etc.) anything they are scared of?	
What does your child enjoy doing/ activities?	
Allowed Face Paint	YES/ NO
Allowed to watch films with a 'PG' rating	YES/NO
<i>By signing this registration form you agree to follow all Beach Buddies policies and procedures and pay fees in advance via ParentPay.</i>	

Parent Signature	
Date	