



## Caedmon Primary School

### Early Bird Registration

One form must be completed for each child that you would like to register.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Full Name of Parent/Carer:** \_\_\_\_\_

Details of people to be contacted in an emergency (in priority order):

Name	Relationship to Child	Telephone Number

### Medical Information

Details of any special dietary requirements or food allergies:

Details of any significant health issues:

I confirm that I agree to the Early Bird terms and conditions as detailed overleaf.

Signed: \_\_\_\_\_ (Parent/Carer)

Date: \_\_\_\_\_