

**Parent/Carer Contact Form**

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_

We ask that you provide contact details for parents/ legal guardians who the child normally lives with and who is responsible for their registration with us. We will use this information for all forms of contact i.e. newsletters, letters, invoices, information regarding emergency closure etc. Email to the Primary Contact will be the first method of communication unless you request otherwise.

**Primary Contact:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title | First Name | Surname | | Gender | Relationship to child | Parental Responsibility? |
|  |  |  | |  |  | Yes / No |
| Email address | | | | | | |
| Primary Phone: | | | Alternative Phone: | | | |

**Secondary Contact:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title | First Name | Surname | | Gender | Relationship to child | Parental Responsibility? |
|  |  |  | |  |  | Yes / No |
| Email address | | | | | | |
| Primary Phone: | | | Alternative Phone: | | | |

Where we need to contact you regarding your child in the event of illness or individuals authorised to collect from setting we will use information from the Record on Admission.

**Please ensure that you keep us updated with any changes to address or contact details.**

**Date information provided:** \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_