

MISSING LINK CHILDRENS CENTRE  
FURZE PLATT ROAD  
MAIDENHEAD  
BERKSHIRE  
SL6 7NF

MISSING LINK REGISTRATION FORM

TELEPHONE 01628-419772  
MOBILE 07860781455



NAME OF CHILD:

DATE OF BIRTH:

HOME ADDRESS

HOME TELEPHONE NUMBER

POST CODE

E-MAIL ADDRESS

PARENTS/GUARDIANS NAMES:

MOTHERS WORK TEL. NUMBER:

MOBILE:

FATHERS WORK TEL. NUMBER:

MOBILE:

FIRST NUMBER TO BE USED IN AN EMERGENCY:

DOCTORS NAME/SURGERY/TEL. NUMBER:

PASSWORD IF YOU SEND SOMEBODY ELSE TO PICK UP YOUR CHILD:

DO YOU GIVE PERMISSION FOR MISSING LINK TO ADMINISTER FIRST AID?

YES

NO

DO YOU GIVE PERMISSION FOR YOUR CHILD TO TRAVEL IN MISSING LINK VEHICLES?

YES

NO

HAVE YOU READ AND RECEIVED A COPY OF OUR TERMS AND CONDITIONS?

YES

NO

HAS YOUR CHILD ANY DIETRY REQUIREMENTS? E.G. KNOW FOOD ALLERGIES

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR MEDICAL PROBLEMS?

P.T.O.

**IS THERE ANY OTHER INFORMATION YOU WOULD LIKE TO GIVE?**

**SCHOOL DETAILS (AFTER-SCHOOL/BREAKFAST CLUBS ONLY)**

**NAME OF SCHOOL:**

**SCHOOL TEL. NUMBER:**

**CLASS NUMBER:**

**TEACHERS NAME:**

**MY CHILD WILL BE ATTENDING**

**DAYS PER WEEK**

**PLEASE STATE DAYS:**

**I HEREBY AGREE TO THE TERMS AND CONDITIONS.**

**SIGN:**

**DATE:**