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| Map  Description automatically generatedArtbusters Registration Form  |
| Child’s details |
| First Name: Rufus Surname: Hoskins |
| Date of Birth and Current Age: 17/05/2020 – aged four and a half School Attended: Chesham BoisYear/Class: Reception |
| PARENT/GUARDIAN INFORMATION: |
| Parent/Guardian Name: Katharine McIntosh |
| Address: 13 Latimer Rd Chesham |
| Phone: 07729053540 | Emergency Phone: |
| Please provide the information requested below, as it may be needed in case of an emergency. This information does not modify the information on the emergency card.Student’s Date of Birth |
| Allergies: None |
| Conditions requiring special consideration (medical/physical): |
| Does your student require: (A) **Epipen** Yes □ No □ (B) **Inhaler** Yes □ No □X (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration): none |
| Primary contact name: As above | Relationship to child: Mother |
| Home Phone:  | Work Phone: | Mobile Phone: As above |
| Secondary contact name: Tom Hoskins | Relationship to student: Father |
| Home Phone: | Work Phone: | Mobile Phone: 07930367240 |
| Child’s Doctor: Dr Barnett Watermeadow surgery Chesham tel 01494 782241 | Phone: |
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| Please confirm who will be collecting the child each week: Mum (Katharine) or Dad (Tom) or Louisa Clegg (Isabella Yr 3’s mother) |
| Any other information:  |
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| Parent/Guardian Name: Katharine McIntosh | Date: 28/01/25 |
| (PLEASE PRINT) |
| Parent/Guardian Signature:  |