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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 Bois  Year/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: | | | |