



## Little Hiccups Registration Form

Parent / Carer Details			
Name			
Area code (ie. LS15)		Mobile Number:	
Email Address			

Emergency Contact Please add another contact in case of emergency			
Name		Mobile Number:	

Child Details			
Name		DOB	
Diagnosis / Suspected Diagnosis / Symptoms <i>To ensure eligibility to Little Hiccups and to enable us to better support your child</i>			
Allergies including symptoms and treatment. <i>To ensure we can have the correct risk assessments in place.</i>			
Child's Medication <i>Will only be used in case of emergency. This information is voluntary.</i>			





We email e-newsletters to inform you about events and services provided by Little Hiccups and other relevant information. You can unsubscribe from e-newsletters at any time.

I am happy to be added to the mailing list:

Yes	No
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From time to time we may take photographs to record our events and memories at Little Hiccups. Are you happy for photographs to be taken of your child? We may use these photos for advertising purposes in social media / website / publications. You have the right to opt out at any time.

I am happy for photos of my child to be taken:

Yes	No
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All information and photos will be stored according to the Data Protection Act 1998 and the GDPR Act 2018. Information collected will be used for Little Hiccups purposes only. We will not share your information with any other companies or organisations.

Please contact us if you have any questions about our privacy notice or information we hold about you. You can contact us by email at [info@littlehiccups.co.uk](mailto:info@littlehiccups.co.uk)

You can see the full privacy notice on our website at <http://www.littlehiccups.co.uk/privacy.htm>

*Please keep in mind that all children must be supervised by their parent/carer at all times.*

Signed:		Date:	
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