



Registration Form

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| Child Name: | Child DOB: |
| Parent / Carer name: | |
| Email Address: | Mobile No: |
| Address: | |
| | Postcode: |
| Please add another contact in case of Emergency: | |
| Contact Name: | Tel No: |
| Any information you think we should know or be aware of, including diagnosis, medication, equipment/aids if required: | |

All information and photos will be stored according to the Data Protection Act 1998. Information collected will be used for Little Hiccups purposes only. We will not share your information with any other companies or organisations.

Please tick if you would like to be added to our mailing list and receive updates of events, etc

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.

I am happy for photos of my child to be taken

How did you hear about Little Hiccups?

Therapist Health Visitor Poster in Clinic Other Parent Other (please specify) _____

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

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| Signed: | Date: |
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