

Registration Form

Child's name

Date of Birth

Address
.....
.....
.....

Parents/Guardian

Name Name

Address Address
.....
.....
.....

Tel. No. Home Tel. No.Home

Tel. No. Work Tel. No.Work

Tel. No. Mobile Tel. No.Mobile

Email Email

Please confirm the names of the persons who have legal responsibility of your child:

..... **(Please Print)**

Doctor

Address
.....
.....

Telephone No.

Please supply two emergency contacts.

Name Name

Address Address
.....
.....
.....

Tel. No. Tel. No.

Relationship to your child:..... Relationship to your child:.....

Any known allergies?

.....
.....
.....

Any Health issues?

.....
.....

Any medication taken regularly?

.....
.....

Any special Dietary Requirements?

.....
.....

Favourite Food

.....
.....

Likes / Dislikes

.....
.....

Favourite toy / games.

.....
.....

Ethnicity

.....

Religion

.....

Start Date

.....

Full days of attendance:

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Sessional Care:

Monday am ☐ Tuesday am ☐ Wednesday am ☐ Thursday am ☐ Friday am ☐

Monday pm ☐ Tuesday pm ☐ Wednesday pm ☐ Thursday pm ☐ Friday pm ☐

Signed by Parent/Guardian: (Delete as appropriate)

Date:

For office use only:

Inputted On System		Email Added (please tick)	Child Card	
			Account Yes	
			Contact List	