



REGISTRATION FORM

Name of Child -----
Date of Birth -----

Primary carer's Name -----
Address -----

Daytime/Mobile telephone -----
Ethnic Origin -----
Religion -----
Relationship to child -----

Name of school -----
Address -----

Telephone -----
Teacher's Name -----

Doctor's Name -----
Address -----

Telephone -----
Medical Conditions/ Allergies -----

Special dietary needs -----

Do you give consent for urgent medical treatment to be given to your child in your absence? i.e. administration of paracetamol or taking child to the hospital. Yes No



EMERGENCY CONTACT

1. Name -----
Address -----

Telephone -----
Relationship to child -----

2. Name -----
Address -----

Telephone -----
Relationship to child -----

EMPLOYMENT STATUS

Are presently in employment? -----

If yes, please answer the next two questions.

Are you receiving Working tax credit? -----

Are you receiving Child tax credit? -----

ABOUT YOUR CHILD

Child's favourite toys -----

Child's special routine -----

Child's sleep pattern -----

Child's Feeding routine -----



CONSENT FORM

The centre sometimes take the children on occasional outings within the local area i.e. Park and library. As we do not wish to bother parents on each of these occasions, we ask that you sign this form giving your consent for your child to participate.

I have read and understood the registration documents
I agree to all the terms and conditions of this registration and agree to abide by the centre's aims, rules, discipline and uniform as described in the parents prospectus

I agree that my child should not attend the centre if unwell
I have read and understood the contents of the centre's policies documents and agree to abide by its contents.

I agree to my child taking part in all centre activities, any exceptions to be agreed and granted in writing, by the centre manager.

I agree to the requirement of a month's notice in writing, before withdrawal of my child OR fees for the period being charge.

Parent's Name _____

Parent's Signature _____

Date _____

Centre Manager's signature _____

Date _____



FACE PAINTING PERMISSION

Child's name: -----

I do / do not give permission for my child's face to be painted.

Signed: -----

Print Name:----- (Parent/Guardian)

Date: -----

PHOTOGRAPHING PERMISSION

Child's name: -----

I do / do not give permission for my child's photograph to be taken during any activity /session within the centre and not to be used for any other purposes other than that of the organisation's displays/records/publications.

Signed: -----

Print name:----- (Parent/Guardian)

Date: -----