

Registration Form

To be completed by the Parent/Guardian

Child's name: _____

Date of birth: _____

Home address: _____

_____ Tel no: _____

Mother/Guardian (s) name: _____

Mother/Guardian (s) place of work _____

_____ Tel no: _____

Father/Guardian (s) name: _____

Yeah

Father/Guardian (s) place of work _____

_____ Tel no: _____

Who to contact in an emergency (2 people other than parents)

Name _____ Relationship _____ Tel no: _____

Name _____ Relationship _____ Tel no: _____

Name of person to collect child: _____

Child's doctor: _____

Address: _____

_____ Tel no: _____

Immunisations/Vaccinations _____

Infectious Illnesses: _____

Health Clinic: _____

Address: _____

_____ Tel no: _____

Health Visitor _____

Any known special diet, allergies, health problems/medical needs, allergies to medication etc: _____

Any special needs: _____

Any further information that you would like the day care staff to be aware of e.g. any cultural, religious or traditional background, any social, emotional and/or behavioural needs and any considerations this may have.

First Language/any additional languages spoken: _____

Please provide a 'Password' to use in the case of an unexpected pick up for your child (this password needs to be given to the person collecting your child) _____

A small photo of child's face is required for identification purposes, please provide this

Signed: _____ Parent/Guardian(s)

Date: _____

Start Date: _____

Finish Date: _____