

CHILD REGISTRATION FORM		DATE
Child's Name:		
Address:		
Date of Birth:	Age in Years:	
Parent/Guardian Name:		
Work Tel No:	Home Tel No:	
Mobile Tel No:	Emergency Tel No:	
Please tell us who has parental responsibility for your child	Is there anybody who may not legally have contact with your child	
Name:	Name:	
Address:	Address:	
Medical Information		
Doctors Name:	Tel No:	
Please give information on any allergies (including food)		
Please give information on any infectious diseases		
Please give information on any special needs or disabilities		
Please give any information on any medical conditions e.g. Epilepsy, Diabetes, etc		
Please sign here in acceptance for us to administer first aid or take to hospital in the event of an accident		
Off Site Activities		
Please sign here in acceptance for us to take your child outside the building including escorting from activity areas as well as any planned excursions.		