



Registration Form

Birth Name of Child:

Known as/Preferred Name:

Date of Birth: Sex:

Name of Parents / Carers:

Parent/Carer Address:

Postcode:

Home Tel No: Email:

Is This The Bill Payers Address? YES/NO - If Not Please Complete the Address Box on p.2 *

Childs Address if Different from Above:

Postcode:

***Please note if your child resides at more than one address, please complete the Additional Address Form (Page 3)**

Care Giver's Contact Details:

Known to Child as: (mam, dad, mummy, name etc.)	Known to Child as: (mam, dad, mummy, name etc.)
Place of Work/Dept.:	Place of Work/Dept:
Work Telephone No:	Work Telephone No:
Mobile:	Mobile:

Medical Details:

GP:	Address:
Tel:	
Health Visitor:	Address:
Tel:	
Dentist:	Address:
Tel:	
Any Other Professional Involved with the child or Family: (Social Worker, Speech and Language etc.)	
Immunisations to Date:	
Relevant Birth Details: (Premature, Twin etc.)	
Medical Conditions/Medication Needed:	
Allergies:	





Responsibility:

Is there anyone else who has;

Parental Responsibility: (Name)	Legal Contact: (Name)
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People Authorised to pick up your Child:

Name:	Relationship:	Contact No:

If you are not going to pick your child up on a particular day please inform staff of who will be collecting your child on that day.

Please provide a password for the collection of your child:

Emergency Contact Details (Other than Parents):

Name:	Relationship:
Address:	Home Number:
	Mobile Number:
	Other Number:

Name:	Relationship:
Address:	Home Number:
	Mobile Number:
	Other Number:

Bill Payers Address:

If the bill payers address is different from the child's address please fill out the section below. *

Name:

Address:

Postcode: Contact Telephone No:

***Please note proof of address is required.**





Additional Address Form

Please complete this form if your child resides at more than one address.

Birth Name of Child:

Known as/Preferred Name:

Date of Birth: Sex:

Name of Parents / Carers:

2nd Address at which the Child resides:

Postcode: Home Telephone No:

Email Address for contact:

Please detail below the times and days the child resides between both addresses:

Address 1

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 2

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment Method

Vouchers Standing Order Cash/Chq/Card

