

REGISTRATION FORM

ALL CHILDREN WHO ATTEND MUST BE REGISTERED WITH THE CHILDCARE PROVIDER

Child's Full Name	Name to be called (if different)	
Address	Date of Birth	Birth Certificate Checked
	Ethnic Origin (optional)	First language
Person with parental responsibility	Address	
Relationship to the child		
Telephone Number (Day & Evening)		
Person with parental responsibility	Address	
Relationship to the child		
Telephone Number (Day & Evening)		
Person with legal contact	Address	
Relationship to the child		
Telephone Number (Day & Evening)		
Name of person collecting your child	Address	
Telephone Number (Day & Evening)		
Name of Emergency Contact	Address	
Relationship to the child		
Telephone Number (Day & Evening)		

<p>Does your child have any medical problems? Please detail any medical procedures which are prohibited by family religion or belief. Please detail any religious or cultural considerations to be made when caring for your child.</p>	
<p>Details</p>	
<p>Does your child have any known allergies/intolerances?</p>	
<p>Details</p>	
<p>Child's Doctor/Health Visitor details</p>	<p>Address</p>
<p>Telephone Number</p>	
<p>I consent to any emergency treatment being given to my child during the session.</p>	
<p>Yes</p>	<p>No</p>
<p>I consent for photographs of my child to be taken and used within the setting</p>	
<p>Yes</p>	<p>No</p>
<p>I consent for plasters to be used on my child when needed</p>	
<p>Yes</p>	<p>No</p>
<p>I consent for staff to apply sun cream to my child when needed (this cream will have been supplied by the parent, enclosed in its original container and labelled appropriately)</p>	
<p>Yes</p>	<p>No</p>
<p>I hereby give consent for the information above to be held on file in compliance with the Data Protection Act 1998.</p>	
<p>Signed</p>	<p>Date</p>