

Tick if EYFS child

Child's Details

Date of Registration:

*First name:		*Surname:		What s/he likes to be called:
*Date of Birth:		*Class Name:		*Password for child collection :
First Language:	M/F	Ethnicity:	Religion:	Name(s) Sibling(s) if attending:

Parent/Guardian details

*Title:	*First name:	*Surname
*Is your child a looked after child? Yes / No		
*Do you have parental responsibility for the child? Yes / No *If No do you have legal responsibility for this child? Yes / No		
*Home address:		
Postcode:	<input type="checkbox"/> Tick if child normally lives at this address	
Work address:		
*Home number:	*Mobile number:	*Work number:
*EMAIL ADDRESS:		
Childcare Voucher Provider:		

Alternative emergency contact details

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Postcode:		
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Postcode:		

I give my authorisation for the following people to collect my child from Dawn Until Dusk:

1.
2.
3.

Details of child's doctor

Name of Doctor:	
Address:	Telephone:
Postcode:	

About your child

Please detail any medical/additional/special needs your child has: (please provide full details)
Please detail any dietary requirements/ food allergies for your child: (please provide full details)
Is there anything your child doesn't like (food, games etc) or is scared of?
What are your child's favourite activities?

*** INFORMATION MARKED WITH A STAR (*) IS ESSENTIAL INFORMATION TO BE PROVIDED**