**Child’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Prefer to be known as**  |  |
| **Gender** |  | **Date of Birth** |  |
| **Address**  |  |
| **Spoken language**  |  |
| **Health requirements including allergies**  |  |
| **Special Educational Need requirements**  |  |

**Parental / Carer Details**

|  |  |  |
| --- | --- | --- |
|  | **Parent/ Carer 1** | **Parent/ Carer 2** |
| **Relationship to the child** |  |  |
| **Full name** |  |  |
| **Address if different to the child’s** |  |  |
| **Mobile number**  |  |  |
| **Home telephone number**  |  |  |
| **Email address**  |  |  |
| **Occupation**  |  |  |
| **Work number** |  |  |
| **Work address** |  |  |
| **Parental Responsibility**  | **Yes No**  | **Yes No**  |

**Emergency Contacts (in case of emergency where parents/carers can’t be contacted)**

|  |
| --- |
| **Contact One** |
| **Full Name**  |  |
| **Relationship to the child** |  |
| **Address****Postcode** |  |
| **Telephone number** |  | **Mobile number**  |  |
| **Contact Two** |
| **Full Name**  |  |
| **Relationship to the child** |  |
| **Address****Postcode** |  |
| **Telephone number** |  | **Mobile number**  |  |

**Your Childcare Requirements:**

|  |  |  |
| --- | --- | --- |
| **Preferred start date:**  |  **/ /** | **Minimum of two sessions a week** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Full Day 8:00am- 6:00pm  |  |  |  |  |  |
| Morning Session |  |  |  |  |  |
| Afternoon Session |  |  |  |  |  |

**By signing the registration form you confirm that:**

* You have read the parent terms and conditions
* The information provided above is correct at time of signing and you will update us if any changes do occur

|  |  |
| --- | --- |
| **Parent/ Carer 1 signature** |  |
| **Date** |  |
| **Parent/ Carer 2 signature** |  |
| **Date** |  |