



# Registration Form

## Personal Details

Child's full name	
Date of birth	Home address
Known as	
Nationality	
Religion	Home tel no
Mother's name	Father's name
Occupation	Occupation
Work address	Work address
Work tel no	Work tel no
Mobile tel no	Mobile tel no
Doctor's name	Health visitor's name
Address	Address
Contact tel no	Contact tel no

## Health Details

Vaccinations to date	Record of any previous illnesses
Record of any allergies	Record of any dietary requirements
Any other relevant medical information	

## Emergency Contact Details

Please provide two emergency contacts (with photos if possible), other than parents.

Emergency contact 1	Emergency contact 2
Relationship to child	Relationship to child
Daytime tel no	Daytime tel no
Mobile tel no	Mobile tel no

## Attendance Schedule

Preferred start date

Sessions required (please tick)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Full Day					

## Deposit

Prior to starting with the childminder, a deposit of **£100** is required. The parent/guardian's attention is drawn to the terms and conditions as laid out in the contract with regards to the return or forfeit of the deposit.

**I have read the terms and conditions of the childminder as documented and agree to comply with them, and any others that may be required in the future.**

**I enclosed £30 registration fee and a recent photograph of my child.**

Print name

Signed

Date