

# Children's Centre Crèche Registration Form

Prior to using our crèche facility all parents are  
required to complete this form

Date: .....

Course Parent is attending: .....

Full name of child: .....

Preferred Name: .....

Date of Birth: .....

Address: .....

.....Post code: .....

Name of Parent/Carer: .....

Address if different: .....

Post code: .....

Home Phone Number: .....

Mobile Number: .....

Please give an alternative contact person for us to contact in the  
event of an emergency:

Name of person: .....

Home Phone Number: .....

Mobile Number: .....

### MEDICAL & DIETARY NEEDS

Please let us know of any medical or dietary needs that your child has -  
e.g. Asthma, Allergies....

.....  
.....

### ADDITIONAL NEEDS

Is there anything else we need to know about your child?

E.g. Special needs or disabilities, etc

.....

### COMMUNICATION

Which Language do you use at home?

.....

How does your child communicate their needs? E.g. speech, signing

.....

### INTERESTS

What does your child like doing?

.....

Do you give permission for your child's photographs to be taken?

Please tick below

- Display board purposes
- Personal use by parent only
- Learning journey

Signed..... Name.....