



Childs full name	_____	Known as	_____
Childs full address	_____		
		Postcode	_____
Childs date of birth	_____		
Ethnic origin	_____		

### Parents

Relationship to child	_____	Legal contact	Yes/No
Full name including title	_____		
Address	_____	Postcode	_____
Mobile phone	_____	Home phone	_____
Employer	_____	Work phone	_____
Email address (for invoice purposes)	_____		
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Relationship to child	_____	Legal contact	Yes/No
Full name including title	_____		
Address	_____	Postcode	_____
Mobile phone	_____	Home phone	_____
Employer	_____	Work phone	_____

### Alternative Emergency Contact

Relationship to child	_____		
Full name including title	_____		
Address	_____	Postcode	_____
Mobile phone	_____	Home phone	_____
Employer	_____	Work phone	_____
If you wish, more emergency contacts may be added on separate sheet of paper			

## Medical Information

Name of doctor \_\_\_\_\_ Clinic \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone no. \_\_\_\_\_

Allergies \_\_\_\_\_

Medication \_\_\_\_\_

Injections/immunisations up to date? Yes/No

Medical problems \_\_\_\_\_

Special dietary requirements \_\_\_\_\_

Health requirements \_\_\_\_\_

## Special Educational Needs

Does your child have a recognised disability? Yes/No

If so, please specify \_\_\_\_\_

\_\_\_\_\_

## Other Childcare Arrangements

Does your child attend any other setting? Yes/No

Name of establishment/care provider \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone no. \_\_\_\_\_

How many days per week do they attend? \_\_\_\_\_