

Redwood Pre-School
CRECHE REGISTRATION FORM

Child's Name _____ Date of Birth _____

Name of Parents /Carers _____

Name of Person(s) with Legal Parental Responsibility _____

Home Address _____

Postcode _____

Telephone : Home _____ Work _____

Mobile _____ Pager _____

Name(s) of person(s) authorised to collect your child (must be over 14 years of age and a responsible person) _____

Family Doctor _____ Telephone _____

Child's First Language _____ Other _____

Child's Ethnicity _____ Religion/Beliefs _____

Contact In Emergency

Name _____ Relationship to Child _____

Telephone : Home _____ Work _____ Mobile _____

Name _____ Relationship to Child _____

Telephone : Home _____ Work _____ Mobile _____

Does your child have any allergies (e.g. asthma, eczema, hay fever) or other medical concern we should be aware of? _____

Does your child have any special dietary requirements (e.g. vegetarian, food allergies, foods which may not be eaten for religious reasons)? _____

Does your child have any other special requirements or needs? _____

Any other relevant information that you think will help us to settle your child in at Redwood? _____

Which drink would you prefer your child to have at snack times? Orange squash (no added sugar) Milk Water