

## Child Registration Form

Date of Registration

Password

Child's Full Name

Known As

Date of Birth

Age

Sex (*please circle*)

Boy

Girl

Address

### **Parent/Carer Contact Information:**

Parent/Carer's name

Relationship to child

Contact numbers

Address (*if different to above*)

Parent/Carer's name

Relationship to child

Contact numbers

Address (*if different to above*)

### **Emergency Contacts** (*name and number in order of priority*)

Contact 1	Contact 2	Contact 3	Contact 4

## **Your Child's Health**

Any medical conditions we should be aware of (*please give details*)

Doctor's name

Doctor's phone number

Dentists' name

Dentists' number

Are your child's immunizations up to date?

Are there any other comments or information you would like us to know about? (*e.g. are they currently being potty trained if so how do they indicate they need the bathroom. Please also bring spare clothes or pull ups etc.*)