

REGISTRATION FORM

CHILD'S INFORMATION

School and year group:

Full name of child:

Date of Birth:

Address:

Please give details of any allergies, health, dietary or educational needs your child has. This is so our staff can support your child in session times:

PARENT / CARERS DETAILS

Name:

Relationship to child:

Contact number:

Please provide an email address, we use this to send you information and invoices:

EMERGENCY CONTACT DETAILS / PEOPLE WHO CAN COLLECT YOUR CHILD

Name:

Relationship to child:

Contact number:

Name:

Relationship to child:

Contact number:

COLLECTION PASSWORD:

I have read and agree to the Tree top childcare Terms and Conditions YES / NO (Delete as appropriate)

Parents / carers signature:

Date:

A place can only be offered once this form is fully completed and signed.