

Little Munchkins

Registration Form

Start Date _____

Childs Name _____ Sex _____

D.O.B _____ Home Lauguage _____

Position In Family _____ No of other Children _____

Names of Other Children _____

Religion _____

Mothers Full Name _____ Fathers Full Name _____

Mobile No _____ Mobile No _____

Address _____

Home Telephone No _____

Emergency Contact Name _____ Telephone No _____

Mobile No _____

Password _____

(For Emergency collection only)

Doctors Name _____ Surgery Address _____

Health Visitor _____

Telephone Number _____

Are your child's Vaccinations / Immunisations up to date? YES NO

If not which are not, and why? _____

Does your Child suffer from any medical conditions? i.e. Asthma, diabetes or Epilepsy

Does your child require or take any special medication? _____

Does your child have any special needs, or allergies? (including Diet) _____

Are there any aspects of your religion or culture that you feel we should know about, to able us e provide an appropriate care? _____

Has your child had any previous childcare experience? _____

If yes, please give details _____

Pre-School Initial days requested

(AM) Monday Tuesday Wednesday Thursday Friday

(Lunch) Monday Tuesday Wednesday Thursday Friday

(PM) Monday Tuesday Wednesday Thursday Friday

Nursery Initial days requested

(AM) Monday Tuesday Wednesday Thursday Friday

(PM) Monday Tuesday Wednesday Thursday Friday

(FULL DAY) Monday Tuesday Wednesday Thursday Friday

We will require to see your child's birth certificate when they start

Seen
YES / NO