
# Child Registration Forms

## Personal Details

| | | | |
|---|---|---|---|
| Name of child | | | |
| Date of birth | | | |
| Home address | | | |
| Postcode | | | |
| Position in family | | | |
| Hair colour | | Eye colour | |
| Religion | | | |
| Ethnic origin | | | |
| Nationality | | | |
| Language(s) spoken at home | | | |
| Intended medium of education e.g. English, Welsh | | | |
| Details of any special educational needs/disabilities | | | |
| How did you hear about Lilliput Kiddie Care | | | |
| Preferred start date | | | |


# Child Registration Forms

## About your family

| | |
|---|---|
| Mother/carer | |
| Title | |
| First name | |
| Surname | |
| Password | |
| Home address | |
| Postcode | |
| Home tel number | |
| Mobile | |
| Home email | |
| Work address | |
| Postcode | |
| Work tel number | |
| Work email | |
| Hours worked | |
| **Responsibilities** (Tick all that apply) | Parental responsibility ☐ Payment of fees ☐<br>Collect child from nursery ☐ Contact in emergency ☐ |


# Child Registration Forms

## About your family

| | |
|---|---|
| Father/carer | |
| Title | |
| First name | |
| Surname | |
| Password | |
| Home address | |
| Postcode | |
| Home tel number | |
| Mobile | |
| Home email | |
| Work address | |
| Postcode | |
| Work tel number | |
| Work email | |
| Hours worked | |
| **Responsibilities** (Tick all that apply) | Parental responsibility ☐ Payment of fees ☐<br>Collect child from nursery ☐ Contact in emergency ☐ |


# Child Registration Forms

## Other Contacts

| | | | |
|---|---|---|---|
| **Contact one** | | | |
| **Title** | | | |
| **First name** | | | |
| **Surname** | | | |
| **Relationship to the child** | | | |
| **Password** | | | |
| **Home address** | | | |
| **Postcode** | | | |
| **Tel number** | | Mobile | |
| **Responsibilities (Tick all that apply)** | Collect child from nursery ☐ | | Contact in emergency ☐ |

| | | | |
|---|---|---|---|
| **Contact two** | | | |
| **Title** | | | |
| **First name** | | | |
| **Surname** | | | |
| **Relationship to the child** | | | |
| **Password** | | | |
| **Home address** | | | |
| **Postcode** | | | |
| **Tel number** | | **Mobile** | |
| **Responsibilities (Tick all that apply)** | Collect child from nursery ☐ | | Contact in emergency ☐ |


# Child Registration Forms

## Medical details

| | | | | |
|---|---|---|---|---|
| Does your child have any allergies? | YES | | NO | |
| If Yes, please give details of the cause and reaction | | | | |
| Does your child have any special dietary requirements? | YES | | NO | |
| If Yes, please give details | | | | |

| Has your child had any of the following immunisations? | Immunisation | Date of immunisation | Immunisation | Date of immunisation |
|---|---|---|---|---|
| | BCG | | Meningitis C | |
| | Diphtheria | | Poliomyelitis | |
| | HIB | | Tetanus | |
| | MMR | | Whooping cough | |

| | | | |
|---|---|---|---|
| Any other immunisations | | | |
| Name of GP | | | |
| Name of surgery | | | |
| Address | | | |
| Postcode | | Telephone | |
| Are you registered with a Children's Centre? If so please give details | | | |
| Telephone number | | | |
| Name of Health Visitor | | | |
| Address | | | |
| Postcode | | Telephone | |
| Dentist (Sugery and name of Dentist) | | | |
| Address | | | |
| Postcode | | Telephone | |
| Any other details or agencies that we should know about? | | | |


# Child Registration Forms

**Sessions** Please indicate your preferred sessions.

| Session | Mon | Tues | Wed | Thurs | Fri |
|---|---|---|---|---|---|
| Full day | | | | | |
| Morning only | | | | | |
| Afternoon only | | | | | |
| Extended morning | | | | | |
| Extended afternoon | | | | | |
| After-school care | | | | | |
| Before school care | | | | | |
| Holiday club | | | | | |

| Meals | Mon | Tues | Wed | Thurs | Fri |
|---|---|---|---|---|---|
| Breakfast | | | | | |
| Lunch | | | | | |
| Tea | | | | | |

| Funded Session | Mon | Tues | Wed | Thurs | Fri |
|---|---|---|---|---|---|
| 0 sessions | | | | | |
| 1 sessions | | | | | |
| 2 sessions | | | | | |

| Do you require a place for term-time only? | YES | | NO | |
|---|---|---|---|---|