Little Scholars Day Nursery Registration Form

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| --- | --- |
| Child’s name |  |
| Child’s date of birth |  |
| Your name |  |
| Mobile phone number |  |
| Your relationship to the child |  |
| Your address |  |
| What session will your child attend the creche?  ***Please tick your chosen session*** | 10.00am-12.00pm □  12.00pm-2.00pm □ |
| Does your child have any medical conditions that we should know about? Please explain. |  |
| Is your child allergic to anything? Please list. |  |

**In the event that I cannot be reached in an emergency, I agree to medical treatment being given to my child**

Signature of parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_