

child registration form

child's details

Full name of child:

DOB:

Nationality:

Religion:

Does the child have any special educational needs / allergies / dietary requirements or medical conditions? If so please provide details & complete a Healthcare Plan provided by Tinies.

Please note: Tinies cannot administer evasive life saving treatment.

Doctor's Name:

Address:

Tel no:

Set password to collect the child:

emergency contact details

	Contact 1	Contact 2
Name:		
Relationship to child:		
Home tel:		
Mob tel:		
Work tel:		

parent / guardian details

Where applicable please provide both parent / guardian's details and indicate the child's main dwelling:

	Personal Details 1	Personal Details 2
Parent/Guardian's Name:		
Child's main dwelling:		
Address:		
Address cont:		
Town:		
Postcode:		
Home tel:		
Mob tel:		
Work tel:		
Email:		

In the event of a medical emergency or accident involving my child whilst my child is in the care of Tinies, I understand that the staff will endeavour to contact me as soon as possible. Where this is not possible or where time is of the essence, I give my consent and authority to the Tinies Team to seek medical attention, advice or treatment for my child as appropriate. I understand that Tinies cannot administer evasive life saving treatment.

I understand that all records kept on my child are confidential and that I can view them at any time.

I consent to my child:

	Yes	No
Having a non-allergenic plaster applied, if the First Aider feels it is required:		
Joining in with face painting activities and being face painted:		
Having sun cream applied, supplied by me, the parent / guardian:		
Being included in photographs & videos used to record special activities for Tinies internal use only, including display boards within the setting:		

I have read and understood the Parent Policies and confirm that I accept the terms stated and hereby state my wish for my child to be admitted to the Tinies setting.

Parent / Guardian's Signature:

Print Name:

Date:
