\*All fields are required

**Responsible Persons' Details**

\*Primary Caregiver Full Name:


\*Primary Caregiver Phone Contact:


\*Email Contact:


\*Address:


\*Alternative Caregiver Full Name:


\*Alternative Caregiver Phone Contact:


**Emergency Contact Details**

\*Emergency Contact Name 1:


\*Emergency Contact Number 1:


\*Emergency Contact Name 2:


\*Emergency Contact Number 2:


**Childs' Details**

\*Childs' Full Name:


\*Name child is known as:


\*Childs' Nationality:


\*Childs' Date of Birth:


\*Childs' Sex:  Male  Female

\*Is your child immunised? Yes  No

If yes please bring a copy in on your first visit.

\*Does your child have any allergies?  Yes  No

If yes, please bring a copy of your action plan on your first visit.

\*Does your child have any special requirement(s), including illness or medication?  Yes  No

If YES please give details.


**Custodial Statement:**

Please specify any other person(s) who CAN pick up your child



Please specify any person(s) who CANNOT pick up your child



\*Are there any custodial arrangements concerning your child?
Yes No

If YES please give details of any custodial arrangements or court orders (a copy of any court order is required).


Please tick check box if you give permission for your child to be...

\*Photographed: Yes  No

\*Face Painted: Yes  No

\*Removed from the Supervised Play Area for emergency: Yes  No

\*Please tick check box to confirm you have read and understood the policies & regulations set out above

 Yes  No

**Declaration**

\*Enter your full name to declare that all the information on this enrolment form is correct:



\*Date

