

## CHILD REGISTRATION FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School attended: \_\_\_\_\_ Class \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Nationality: \_\_\_\_\_

Occupations: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Religion: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Doctor's Name & Address: \_\_\_\_\_

Dietary Requirements: \_\_\_\_\_

Any Allergies: Yes/No: \_\_\_\_\_

Medication: Yes/No: \_\_\_\_\_

Health problems/conditions Yes/No: \_\_\_\_\_

Preferred Date of Entry: \_\_\_\_\_

Sessions Required:  
(Please tick)

Day	Before School	After School
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		

I agree to Twinkles Terms and Conditions

Parent 1 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Signed: \_\_\_\_\_ Date: \_\_\_\_\_