



# Child Registration & Minding Form



Name of Child \_\_\_\_\_

Birthdate \_\_\_\_\_

Parents \_\_\_\_\_

Best Number to reach You \_\_\_\_\_

Alternate Number \_\_\_\_\_

Full Address \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contact if you cannot be reached.

Name \_\_\_\_\_

Number \_\_\_\_\_

### Other people Authorized to pick up Your Child

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Immunisation Status: Fully Immunised  NOT- Fully Immunised

Anything we need to know about your child? (Allergy/Medical/Special Needs?)

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