

CRECHE REGISTRATION FORM

For LarpCon 2016

Personal Details of the Child (Please provide child's name as shown on their birth certificate)

Full name of Child _____ Preferred name _____
Date of Birth _____ Gender _____
First language spoken at home _____ Other languages spoken _____
Home address _____
Postcode _____
Religion, Cultural, Religious or Special needs _____

Name and Personal Details of the person who has legal parental responsibility

Name of Parent / Guardian _____ Preferred name _____
Home address (if different from the child) _____
Postcode _____
Telephone _____ Mobile _____

Please give details of any persons who may collect your child from the Crèche with your permission.

Name _____ Relationship to child _____
Telephone number _____

Child's Health

Doctor's Name and Address _____
Telephone _____
Any particular allergies or health problems? _____
Any prescribed medication? _____
Dietary information _____

(You must only give permission for the following if you have legal parental responsibility)

Can we apply plasters to your child if needed? **Yes / No**
Can your child drink orange squash? **Yes / No**
Can your child have a biscuit? **Yes / No**
Can your child have some fresh fruit? **Yes / No**

I give permission for my child to receive any necessary emergency medical treatment that may be needed whilst under the care of the crèche.

Signed _____

I give my permission for my child's clothing / nappies to be changed if necessary. *Please tick box*
I give my permission for photographs to be taken of my child whilst engaging in crèche activities and observation notes to be taken on their learning and development. *Please tick box*

Please use the reverse of the form for any other relevant information about your child's individual needs:

Parent / Guardian Signature _____ Date _____

Please print name _____