



Registration form for September 2012

Registration date: _____

Child's name: _____

Date of birth: _____

Address: _____

Email: _____

Home tel no _____

Father's name _____

Mobile and work no: _____

Mother's name _____

Mobile and work no: _____

Emergency contact no: _____

Does child have any allergies or illnesses? _____

Is there anything he/she cannot eat or drink? _____

What is the child's first spoken language? _____

Second language? _____

Will your child be attending until 1pm 3pm 6.30pm

Any other useful information:

Parents signature _____ Date _____

For official use only:

Health Certificate: _____ Birth Certificate: _____