



# Travelling Tots Mobile Creche REGISTRATION FORM

Complete all sections in block capitals and use one form per child.  
Please keep us informed of any changes in circumstances.

NAME OF CHILD.....

DATE OF BIRTH...../...../.....      AGE.....    MALE [ ..... ]    FEMALE [..... ]

RELIGION.....

PARENT / CARER HOME DETAILS	OTHER COLLECTORS OF YOUR CHILD
1. Name of Parent(s)/Guardian(s)	2. Name of person.....
Home Address	Relationship to child.....
Home Phone Number.....	Contact number.....
Mobile Phone Number.....	3. Name of person .....
Work Number(s).....	Relationship to child .....
Place of Work.....	Contact number .....
<p>*Your child will <b>ONLY</b> be allowed to leave with the persons mentioned in sections 1, 2 and 3.</p> <p><b>Password on collection</b> .....</p> <p><i>Please ensure other collectors are aware of the password</i></p>	

**EMERGENCY CONTACT (This should be one of the three people named above)**  
In the event that anything should happen to you, this person would be contacted to look after your child.

Name ..... Relation to Child .....

Address .....

Contact phone number .....

Name of Training Course / Venue Room No.....

**MEDICAL DETAILS**  
Please make sure you read and sign the statement below.

I consent to any emergency medical treatment necessary during the running of the crèche.

I give my consent for the above (signature) .....parent/guardian

Your child's doctors name.....

Doctors address .....

Doctors phone number .....



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## **SPECIFIC NEEDS**

Please record any needs which your child may have (for example ASTHMA, any ALLERGIES, SPECIAL NEEDS / DISABILITY, BEHAVIOURAL DIFFICULTIES, SPECIAL DIETRY REQUIREMENTS etc.

## **ADDITIONAL NEEDS**

Is there anything else we should know about you or your child? (e.g. anyone who SHOULDN'T have contact, phobias, background, religion, etc.)

## **GENERAL CONSENT**

Do you consent to your child having his/her face painted at the crèche      YES [.....]    NO [.....]

Do you consent to your child having his/her photo taken e.g. for publicity of the crèche , or for our display boards (this does NOT include internet sites) YES [.....]    NO [.....]

## **DECLARATION**

**I have read and understood all the details given to me regarding the Mobile Creche. I have read the Letter from the Signposts Organisation; the Guidelines for Parents and Carers; the Admissions Policy; the Medicine and Emergency Medical Treatment Consent.**

**I acknowledge that Signposts will adhere to the Lancashire Children's Centre Child Protection Policy and Procedures.**

**Signature of Parent / Carer..... Date .....**