



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 ONLY be allowed to leave with the persons mentioned in sections 1, 2 and 3.</p> <p>Password on collection</p> <p><i>Please ensure other collectors are aware of the password</i></p>	

EMERGENCY CONTACT
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 photo taken e.g. for publicity of the crèche or for our display boards (this does NOT include internet sites) YES [.....] NO [.....]

In the event that *your child/ren/ *children you are caring for (*delete as appropriate) requires a nappy change, do you consent to our staff undertaking this? (We will use our changing mat & do this in the crèche room) YES [.....] NO [.....]

Do you consent to our staff taking your child/ren to the toilet? (We want to make you aware that we will not enter the toilet area with your child, we will wait outside the door) 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

Please fill in your Child's likes and dislikes below:

