



38 Commercial Street, Ystalyfera, Swansea / Abertawe SA9 2HR • Tel - 01639 842022

REGISTRATION FORM

Child's Name:

Address:

Date of Birth: Sex: Male /Female

Any brother's and sister's names and ages:

Proposed future school/school attending:

Name of Parent/Guardian/Carer:

Address:.....

Daytime Telephone No:

Evening Telephone No:

Please give both parents/carers numbers if applicable

Name and Address of **PERSON** collecting the child from the Centre (children will only be allowed to leave with a named person).

Name:

Address:.....

Telephone No:

Name and Address of child's GP:

..... Telephone No:

Details of Vaccinations	Date		Date
Diphtheria		Whooping Cough	
Tetanus		Polio	
Meningitis (Hib)		MMR	
Meningitis (pneumococcal)		Meningitis (C)	

Does your child have any known medical problems?.....

Does your child have any known allergies or major dislikes e.g. certain foods, materials, etc?
.....

On which days will your child attend Tiddlywinks?

	Monday	Tuesday	Wednesday	Thursday	Friday
Insert times					
Insert Times					
Other					

When would you like your child to start at Tiddlywinks?

(Please Note: Medicine Consent Forms/Trips/Outings Consent Form to be completed separately)

Any other information you might think relevant? (e.g. sleeping routine, eating, toilet, etc)

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Please note all 2 and 3 year old children will attend our Cylch Meithrin session each morning term time.

Children are collected and escorted from and to schools by suitable and appropriate staff members, either on foot, by car or minibus. This will have been agreed fully with you prior to the start of the contract.

From time to time, photographs will be taken for publicity purposes. Please indicate if you do/ do not want your child's photograph to be used in such a manner. ** I do/do not give permission to my child's photograph to be used for publicity purposes. (*Please delete)*

**I/We hereby *do/ do not give consent to the staff of Tiddlywinks to give permission for medical attention/ treatment to be given to *my/our child/children in the event of *my/our absence. (*Please delete)*

*During hot, sunny days *I/we hereby *give/do not give permission to the staff of Tiddlywinks to cover *my/our child/ren with an appropriate high factor sun block. (*Please delete)*

I have completed the above, deleting the relevant areas, and agreed and signed Tiddlywinks' **Contract for Childcare and Terms and Conditions** and understand that the registration fee is non refundable.

Parent/ Carer's

Signature

Date

Please indicate if you and/your partner are working or training (this is for statistical information, no personal details will be forwarded to a third party without your prior consent).

	Working Full Time/Part Time	Training Full Time/Part Time	Place of Work/ Training
You			
Partner			

Completed By

Date.....