



CRECHE REGISTRATION FORM

Activity details

Course/Activity	
Start Date	
Where held	Reading Community Learning Centre

Parent's details

Your Name			
Address			
Postcode		Date of birth	
Nationality		Telephone	

Your child's details

Child's name	
Date of birth	
Home Language	

Your child's health information

ILLNESSES: Please give details if your child has any health problems which the crèche staff should know about.	
ALLERGIES: Please give details if your child has any allergies	
MEDICATION: Please give details if your child takes medicine regularly	

Other useful information

Toys your child likes to play and any special Interests?			
Does your child have a sleep during the day? If yes, at what time and for how long?			
Will s/he settle to sleep in a pushchair or buggy? If not, how does your child like to go to sleep?			
Does your child have a comforter? If yes, what is it?			
Does your child use nappies or toilet trained?	Nappy?	Potty?	Toilet?
Any special words used for milk, food, sleep, toilet etc...			
Can we take photographs of your child during the session?	YES	NO	
Can we take your child off the premises with your consent?	YES	NO	
If we cannot contact you for any reason while your child is attending the crèche, who should we contact in an emergency?			
Name:	Telephone:		
Relationship to you / your child:			
STATEMENT: I consent to any emergency first aid treatment required by my child during my absence and authorise the Creche Supervisor or First Aider to administer it.			
Signed:			Date:

This information will be used by RCLC to understand your child's needs during their stay in the crèche. The information will be stored by the Centre and held in accordance with the Data Protection Act 1998. It will not be passed onto any third parties.

