

Child Registration Card

child's details:

Full name of child: _____

DOB: _____

Nationality: _____

Religion: _____

Name of parents/guardians: _____

Home address: _____

Home number: _____

Mobile number: _____

Email Address: _____

Who has parental responsibility of the child? _____

I give consent to:

Having a non-allergenic plaster applied

Face painting activities

Staff to apply sun cream provided by myself

Photographs to be taken of my child

Anything else we should know: _____

In the event of a medical emergency or accident involving my child whilst my child is in the care of Tinies, I understand that the staff will endeavour to contact me as soon as possible. Where this is not possible or where time is of the essence, I give my consent and authority to the Tinies Team to seek medical attention, advice, or treatment for my child as appropriate. I understand that Tinies cannot administer life saving or invasive treatment without consultation with parents.

I understand that it will be my responsibility to advise Tinies in writing if there is any change to my child's medical or emergency information. I have read and understood the parent policies and confirm that I accept for my child to be admitted to the Tinies setting.

Parent/guardian's signature: _____

Print name: _____ Date: _____

medical details:

Doctor: _____

Address: _____

Telephone number: _____

emergency contact details:

1st Emergency contact details

Name: _____

Contact number: _____

Relationship to child: _____

2nd Emergency contact details

Name: _____

Contact number: _____

Relationship to child: _____

medical conditions:

Does the child have any allergies/dietary requirements or medical conditions? If so, please provide details and complete a Healthcare Plan provided by Tinies.

Food and drink allergies:
