



REGISTRATION FORM – Pre3+ Centre

Original Copy

Name of Child :	
Address:	
.....Post Code :	
Date of Birth: Home Tel. No:..... Mobile:	
Name of Parent/Carer:	
Emergency Contact: Tel No:	
Address :	
.....Post Code :	
Family Doctor :	Health Visitor :
Address :	Address :
.....Tel No.:Tel No.:
PLEASE GIVE US ANY RELEVANT MEDICAL INFORMATION ABOUT YOUR CHILD:	
.....	
.....	
Any Other Comments:	
.....	
MAY YOUR CHILD BE TAKEN OUT OF DOORS TO PLAY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Or, ON OUTINGS WITHIN WALKING/SHORT TRAVELLING DISTANCE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signed..... Parent/Carer Date:	
This information is held in accordance with the Data Protection Act.	
We may send you additional information about Enterprise Childcare. If you do not wish to receive this information please tick box. <input type="checkbox"/>	



Permission Slips

Sun Protection

I,(parent/carer), agree for my child,
to be administered with protection cream whilst outside.

Signed.....Date

Photographs and Videos

I, (parent/carer) have no objection to photographs
being taken and displayed in the nursery while my child
attends the service.

I,(parent/carer) have no objection to my child,
..... being in videos while my child attends the service.

Signed.....Date

Outings

I, (parent/carer) give my permission for my son/daughter
..... to attend Enterprise Childcare's outings.

Signed.....Date.....