

## Child registration form – Club

### Personal Details

Name of child*		
Date of birth*		
Gender *		
Home address*		
Postcode		
Hair colour *		Eye colour
Religion		
Ethnic origin		Nationality*
Language(s) spoken at home*		
Details of any disabilities/special needs *		
How did you hear about Choo Choo's Day Nursery?		

### About your family

Mother/carer*		
Title		
First name *		
Surname*		
Password*		
Home address*		
Postcode		
Home tel numbers*		
Mobile*		
Home email*		
Work address* (if applicable)		
Postcode		
Work tel numbers*		
Work email		
Responsibilities* (Tick all that apply)	Parental responsibility Collect child from nursery	Payment of fees Contact in emergency

\* Mandatory fields

Father/carer					
Title					
First name *					
Surname*					
Password*					
Home address*					
Postcode					
Home tel numbers*					
Mobile*					
Home email*					
Work address					
Postcode					
Work tel numbers*					
Work email *					
Responsibilities* (Tick all that apply)	<table border="0"> <tr> <td>Parental responsibility</td> <td>Payment of fees</td> </tr> <tr> <td>Collect child from nursery</td> <td>Contact in emergency</td> </tr> </table>	Parental responsibility	Payment of fees	Collect child from nursery	Contact in emergency
Parental responsibility	Payment of fees				
Collect child from nursery	Contact in emergency				

**Other contacts**

Contact one			
Title			
First name			
Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)	Collect child from nursery	Contact in emergency	
Contact two			
Title			
First name			
Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)	Collect child from nursery	Contact in emergency	

\* Mandatory fields

Medical details

Does your child have any allergies? *	Yes / No (please circle)
If yes, please give details of the cause and reaction	
Does your child have any special dietary requirements? *	Yes / No (please circle)
If yes, please give details	
Name of GP and Surgery	
Address and Postcode	
Telephone number	
Other agency details	
Name	
Address and Postcode	
Telephone Number	
Is there any other medical information that we need to know?	

\* Mandatory fields

## Permission

Permission for-	Please circle	Sign	Date
Take photos of your child, to use in the Club?	YES NO		
Use photos of your child for advertising (on the website, newspapers and other forms of advertising)	YES NO		
Take your child on outings, when an appropriate risk assessment has been performed	YES NO		
The use of sun cream in the summer	YES NO		
Permission to administer prescription medication	YES NO		
Permission to watch Parental guidance films (PG)	YES NO		
Permission to use photos of your child on social media (such as, Facebook)	YES NO		

**Registration checklist – Please ensure you complete all of the below to avoid a delay in your child starting club. Once the registration forms have been received by Choo Choo, an activation link will be sent to both carer 1 and 2 for magicbooking, which is the online booking system we use for all clubs.**

All sections of registration completed	
Contract	

\* Mandatory fields