

## Registration Form

The Bath House Children's Community Centre  
 76 Shacklewell Lane E8 2EY **020 7923 7754**

[bathhouse@btconnect.com](mailto:bathhouse@btconnect.com)

Reg Charity No. 1089829

**Child's Name**

**Date of Birth**

/	/	
day	month	year

**Date of Application**

/	/	
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**Preferred start date**

/	/	
day	month	year

**Nursery  
(under 3's)**

**Nursery  
(3-5's)**

**After-school  
Club**

**Holiday  
Play scheme**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Full Day? or Short day?**

<input type="checkbox"/>	<input type="checkbox"/>
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**Specific days? (optional) or flexible on day?**

Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Friday <input type="checkbox"/>
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**After-school only: Which school & which class?**

**Please write clearly and remember to update if the information changes.**

*Details of the person the child lives with:*

Parent's Name

Address

Post Code	Email:

Telephone - Main

- Other

Second Parent /  
Guardian's Name  
Address

Post Code	Email:

Telephone - Main

- Other

*In case of emergency give details of other person we could contact e.g. neighbour, relative, childminder*

Contact Name

Address

Post Code:	

Telephone - Main

- Other

Doctor's Name

Address

Post Code:	

Telephone

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

No  Yes

**Does your child have any known Learning Difficulties, Disabilities, Special Needs?**

No  Early Years Action/School Action  Early Years Action Plus/School Action Plus  Statement

Other

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

No  Yes  (Any dietary requirements for religious or cultural reasons)

Any other information which will assist us in looking after your child?

**Which nationality or ethnic group most closely represents your background?**

White British Black British Asian Turkish/Kurdish African Afro-Caribbean

Other.....

**For your child to take part in some routine activities we must have your permission.**

Permission to travel in designated vehicles and longer trips will have their own permission form

Short local trips	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Permission for use of photos for Bath House publicity	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I consent to any first-aid treatment deemed to be necessary by a qualified first-aid person	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**Are you expecting to get tax credits?**

Tax Credit Helpline 0845 3003900

Yes  No

You will be asked to abide by the terms and conditions of payments and period of notice as set down by The Bath House Children's Community Centre. This includes monthly payment in advance and one full month's notice of leaving. Please ask for a copy of the terms and conditions.

Signed .....

Date...../...../.....