

Registration Form

The Bath House Children's Community Centre
 76 Shacklewell Lane E8 2EY
 020 7923 7754
info@bathhouse.org.uk

Child's Name

Date of Birth

/	/	
day	month	year

Date of Application

/	/	
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Preferred start date

/	/	
day	month	year

Playgroup
(under 3's)

Nursery
(3-5's)

<input type="checkbox"/>	<input type="checkbox"/>
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Full Time? or Part Time?

<input type="checkbox"/>	<input type="checkbox"/>
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Specific days? (optional)

Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Friday <input type="checkbox"/>
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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:
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Telephone - Main

- Other

Second Parent /
Guardian's Name

Address

Post Code	Email:
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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:
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Telephone - Main

- Other

Doctor's Name

Address

	Post Code:
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Telephone

➔ ➔ Please turn the page ➔ ➔ further information required ➔ ➔

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 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"/>

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 2 full months’ notice of leaving. Please read the terms and conditions on our website www.bathhouse.org.uk.

Signed

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