

CHILDCARE SERVICE EWASS 2018 REGISTRATION FORM

Child/ren's Details

First Child

Surname: _____ First Name: _____ D.O.B. __/__/__ Gender: M / F

Second Child

Surname: _____ First Name: _____ D.O.B. __/__/__ Gender: M / F

Third Child

Surname: _____ First Name: _____ D.O.B. __/__/__ Gender: M / F

Parent/Guardian Details

Name Parent/Guardian (1): _____

Address: _____ Phone: _____

Email address: _____

Emergency Contact People

Persons to contact in emergency, if above contacts are unavailable (please specify):

1/ Name: _____ Phone: _____ Mobile: _____

Address: _____ Relationship to child: _____

2/ Name: _____ Phone: _____ Mobile: _____

Address: _____ Relationship to child: _____

Medical Information

Is there any medical or physical condition from which your child/children suffer that needs to be brought to the attention of the staff. For example – special dietary needs; allergies; anaphylaxis; medical conditions such as ADD, Epilepsy, Asthma etc.

PLEASE GIVE DETAILS:

First Child _____

Second Child _____

Third Child _____

Signature of Parent or Guardian: _____ Date: _____

Preferred timings :

DAY	TIMING	ADDITIONAL INFORMATION (please kindly advise if there are special requirement/timing)
<input type="checkbox"/> TUESDAY	<input type="checkbox"/> FULL DAY
	<input type="checkbox"/> HALF DAY
<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> FULL DAY
	<input type="checkbox"/> HALF DAY
<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FULL DAY
	<input type="checkbox"/> HALF DAY
<input type="checkbox"/> FRIDAY	<input type="checkbox"/> FULL DAY
	<input type="checkbox"/> HALF DAY

Please note that the lunch for the kids is not included in the price.

The form must be returned by **Friday 16th March at the latest.**

Thank you!