Sample child registration form

*This is a sample form for a one-off crèche at a one day community event.   
You should think about what particular information you will need, and change the form to suit your needs.*

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| --- | --- |
| Child’s name |  |
| Child’s date of birth |  |
| Your name |  |
| Mobile phone number |  |
| Your relationship to the child |  |
| Your address |  |
| Where will you be while your child is with us?  (Where can we find you if we need to?) |  |
| What time will you be returning to collect your child? |  |
| Does your child have any medical conditions that we should know about? Please explain. |  |
| Is your child allergic to anything? Please list. |  |

**In the event that I cannot be reached in an emergency, I agree to medical treatment being given to my child**

Signature of parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_