



TOY BOX CHILD'S REGISTRATION RECORD

CHILD'S FULL NAME.....

CHILD'S HOME ADDRESS.....

.....

.....POST CODE.....

TELEPHONE NUMBER:.....

DATE OF BIRTH/...../.....

GENDER: MALE

FEMALE

ETHNIC ORIGIN.....

RELIGION.....

LANGUAGES SPOKEN AT HOME.....

HAS YOUR CHILD EVER BEEN ON THE CHILD PROTECTION REGISTER? (IF SO PLEASE PROVIDE DETAILS).....

.....

CHILDS MEDICAL DETAILS

NAME OF CHILD'S DOCTOR:.....

ADDRESS:.....

DOCTORS TELEPHONE NUMBER:.....

CHILD'S MEDICAL HISTORY:.....

.....

DETAILS OF ANY MEDICATION:.....

.....

DETAILS OF IMMUNISATION/ VACCINATION RECORDS:.....

.....

DETAILS OF ANY SPECIAL HEALTH PROBLEMS OR CONDITIONS:.....

.....

ALLERGIES FOOD.....

DRINK.....

OTHER.....

DOES YOUR CHILD HAVE ASTHMA YES NO

SPECIAL DIETARY REQUIREMENTS.....

.....

DETAILS OF ANY SPECIAL NEEDS OR DISABILITIES

.....

DETAILS OF ANY SPECIAL EDUCATION NEEDS.....

.....

PARENTS DETAILS

MOTHER'S CARER'S NAME.....
WORK CONTACT:.....
TELEPHONE NUMBER.....
MOBILE.....
EMAIL.....
ADDRESS IF DIFFERENT FROM CHILD'S.....
.....
.....

DOES THIS PARENT HAVE PARENTAL RESPONSIBILITY? YES NO
DOES THIS PARENT HAVE LEGAL ACCESS TO THE ABOVE NAMED CHILD? YES NO

FATHER'S CARER'S NAME.....
WORK CONTACT.....
TELEPHONE NUMBER.....
MOBILE.....
EMAIL.....
ADDRESS IF DIFFERENT FROM CHILD'S.....
.....
.....

DOES THIS PARENT HAVE PARENTAL RESPONSIBILITY? YES NO
DOES THIS PARENT HAVE LEGAL ACCESS TO THE ABOVE NAMED CHILD? YES NO

OTHER EMERGENCY CONTACT NAME AND TELEPHONE NUMBER:

NAME.....
RELATIONSHIP TO CHILD.....
CONTACT NUMBER.....
NAME.....
RELATIONSHIP TO CHILD.....
CONTACT NUMBER.....

NAMES OF ANY PERSONS OTHER THAN MOTHER, FATHER, AND CARER'S NAMED ABOVE WHO ARE AUTHORISED TO COLLECT YOUR CHILD:

NAME.....
RELATIONSHIP TO CHILD.....

PLEASE PROVIDE A SECRET PASSWORD (TO BE USED IF THE PERSON NAMED ABOVE SHOULD NEED TO COLLECT YOUR CHILD).....

IN CASE OF AN EMERGENCY PLEASE SIGN TO AGREE WE HAVE PERMISSION TO ADMINISTER FIRST AID AND SEEK MEDICAL TREATMENT. THIS SECTION MUST BE SIGNED BY A PARENT WITH PARENTAL RESPONSIBILITY:

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Parent/Carer's signature:.....

Date:.....

Managers signature:.....

Date.....