

Registration Form

Full name of child

Ethnic origin

Religion if any

Languages spoken.....

Date of birth

Name of parents/guardians

Address and telephone number

.....

Email address

Would you like to receive correspondence by email? YES / NO

Alternative emergency number

Doctor's name

Doctor's address and telephone number

.....

Please list your child's immunisations and approximate dates

.....

Does your child have any known food, medication or other allergies

.....

Signed Date