

FAITH INTERNATIONAL NURSERY SCHOOL AND DAY CARE CENTRE

REGISTRATION FORM

CHILD'S FULL NAME:

.....

AGE:

DATE OF BIRTH:.....

ANY ALLERGIES:.....

HOME ADDRESS:

.....

.....

NAME OF THE MOTHER:

.....

NAME OF FATHER:

.....

NAME OF CARER / GUARDIAN:

.....

DATE TO START:

.....

EMERGENCY PHONE CONTACTS:

.....

PLACE OF WORK:

.....

HOME:

.....

MOBILE:

.....

Please name 2 people we can call if parents can't be reached.

NAME 1:

.....

ADDRESS 1:

.....

PHONE NUMBER 1:

.....

RELATIONSHIP 1:

.....

NAME 2:

.....

ADDRESS 2:

.....

PHONE NUMBER 2:

.....

RELATIONSHIP 2:

.....

REQUIREMENTS:

3 PASSPORT SIZE PHOTOS OF THE CHILD (REN)
COPY OF BIRTH CERTIFICATE(S)
COPY OF IMMUNISATION CARD.
PHOTO COPY OF THE PARENTS ID OR PASSPORTS.

HEALTH AND SAFETY AGREEMENT:

IF YOUR CHILD BECOMES ILL AT THE CENTRE, THE STAFF WILL CALL YOU AT THE NUMBER ON YOUR REGISTRATION FORM.

THE STAFF WILL MAKE THE DECISION TO CALL BASED ON THE INTEREST OF BOTH YOUR CHILD AND THE HEALTH OF OTHER CHILDREN IN THE CENTRE.

FOR THIS REASON IT'S IMPORTANT THAT YOUR BUSINESS NUMBERS BE KEPT UPTO DATE.

IF YOUR CHILD SHOULD HAVE AN ACCIDENT WHILE AT THE CENTRE.OUR HEALTH POLICY WILL BE FOLLOWED ANY SPECIAL ATTENTION REQUIRED WILL BE COMMUNICATED TO YOU.

THE STAFF WILL MAKE THE DECISION BASED ON SERIOUSNESS OF THE ACCIDENT.

THE ABOVE PROCEDURES ARE DESIGNED TO KEEP PARENTS INFORMED AND REDUCE CONCERNS, SHOULD UNUSUASL INCIDENTS OCCUR.

I HAVE READ, UNDERSTOOD AND AGREED. **SIGNATURE** HERE

DATE