

**Redwood Childcare**

The Strand  
 2 Redwood Court  
 East Kilbride  
 G74 5PF

**REGISTRATION FORM**

CHILD'S DETAILS			
FULL NAME			MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
DATE OF BIRTH		NATIONALITY	
FIRST LANGUAGE		SECOND LANGUAGE	
BIRTH CERTIFICATE NUMBER (DISTRICT – YEAR – ENTRY NO)			

<b>START DATE</b>					
<i>SESSIONS REQUIRED</i>	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>
FULL DAY					
AM ONLY					
PM ONLY					
<i>FOR OFFICE USE DEPOSIT PAID</i>	£	HAVE YOU MADE ANY OTHER NURSERY APPLICATIONS?			

PARENT/GUARDIAN DETAILS			
PARENT/GUARDIAN 1		PARENT/GUARDIAN 2	
NAME		NAME	
DATE OF BIRTH		DATE OF BIRTH	
HOME ADDRESS		HOME ADDRESS	
POSTCODE		POSTCODE	
OCCUPATION		OCCUPATION	
PLACE OF WORK		PLACE OF WORK	
HOME PHONE NO		HOME PHONE NO	
WORK PHONE NO		WORK PHONE NO	
MOBILE NO		MOBILE NO	
EMAIL ADDRESS		EMAIL ADDRESS	
PASSWORD (FOR COLLECTING CHILDREN)			

PERSON RESPONSIBLE FOR PAYING NURSERY FEES			
TITLE		NAME	
<b><i>I AGREE TO PAY NURSERY FEES ON THE 1<sup>ST</sup> OF THE MONTH FOR THAT MONTH AS PER TERMS &amp; CONDITIONS</i></b>			
SIGNED		DATE	



**EMERGENCY CONTACT DETAILS**

WE WILL ALWAYS ATTEMPT TO CONTACT PARENTS/GUARDIANS FIRST IF A CHILD IS SICK, OR IN AN EMERGENCY, UNLESS WE HAVE BEEN REQUESTED OTHERWISE

EMERGENCY CONTACT 1		EMERGENCY CONTACT 2	
NAME		NAME	
RELATIONSHIP TO CHILD		RELATIONSHIP TO CHILD	
HOME PHONE NO		HOME PHONE NO	
WORK PHONE NO		WORK PHONE NO	
MOBILE NO		MOBILE NO	

**PLEASE ALSO PROVIDE THE NAMES OF OTHER PEOPLE WHO MAY COLLECT YOUR CHILD FROM TIME TO TIME**


**ADDITIONAL INFORMATION**

DOES YOUR CHILD HAVE ANY ALLERGIES?	
ARE THERE ANY DIETARY REQUIREMENTS?	
ARE THERE ANY CULTURAL/RELIGIOUS REQUIREMENTS?	
DOES YOUR CHILD HAVE ANY ADDITIONAL NEEDS?	
ARE THERE ANY PROFESSIONALS INVOLVED IN YOUR CHILD'S CARE?	

**GP DETAILS**

NAME OF DOCTOR		PHONE NO	
ADDRESS			

**ANY OTHER RELEVANT INFORMATION**

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