

CONFIDENTIAL - Child Registration Form

FOR OFFICE USE ONLY

Required Documents:	Tick	Date
Birth Certificate enclosed		
Tax Credit award notice		
CAP place		
3 and 4 year old funding		
Registration Fee		

Name	D.O.B	Age
Parent/Carers name		
Address		
Home Contact	Mobile Contact	
Work address		
You job title	You direct line	

Twinkle Totz Ltd.
St George's Community Centre
8-12 Lancaster Road
Southall Middlesex
UB1 1NW

Tel: 020 8574 3330

Twinkle Totz Ltd.
Brookside Community Centre
Brookside Road
Hayes Middlesex
UB4 OPL

Tel: 020 8561 7272

Twinkle Totz Ltd.
Southall Park Children's Centre
Green Drive
Southall
UB1 3AZ

Tel: 020 8917 9312

Twinkle Totz Ltd.
Islip Manor Children's Centre
Eastcote Lane
Northolt
UB5 5RE

Tel: 020 8845 0231

twinkletotz@hotmail.co.uk

Contact name for Emergency use	Relationship to the child
Emergency contact Home number	Emergency contact Mobile number
Doctors Address	Doctors contact details
Brief Medical history	
Does your child have any allergies? (If yes please name them)	
Does your child have any dietary requirements? (If yes please name them)	Does your child need any medication? (If yes please ask a member of staff for the additional form)
Does your child have any special needs or learning difficulties? (If yes please name them)	
Is there any events or celebrations that you wish your child not to be included in? (If yes please name them)	What is your child's first language and religion?

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Food & Drink

Does your child have any special dietary requirements? If yes please state below state below with full instructions			
Please indicate below what your child may eat (Delete as appropriate)			
Yes / No	Chicken	Yes / No	Lamb
Yes / No	Pork	Yes / No	Beef
Yes / No	Halal Meat	Yes / No	Turkey
Yes / No	Fish	Yes / No	Eggs (whole)
Yes / No	Eggs in cakes or biscuits	Yes / No	Cheese
Yes / No	Butter	Yes / No	Animal Fat
Yes / No	Nuts	Yes / No	Dairy Products
Yes / No	Vegetarian Meals		
Other Please state:			
Drinks allowed/disallowed			
Please suggest three of your child's favourite foods			
Eating utensils (fingers, spoon, chopstick, knife and fork etc)			
Appetite and frequency of food and drink intake			

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After School and Breakfast Club

School Attending	Name of Class
Name of Class Teacher	Year

Care Required: Breakfast Club After School Club

Breakfast Club Days Required:

Days Required: Monday Tuesday Wednesday Thursday Friday

After School Club Days Required:

Days Required: Monday Tuesday Wednesday Thursday Friday

Collection Details

Name of designated person to collect child (1)	
Home contact	Mobile contact
Work contact	Relation to child

Name of designated person to collect child (2)	
Home contact	Mobile contact
Work contact	Relation to child

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In the event the designated person is unable to collect your child please choose a password that can be used as a security ID. You will have to inform your child's collector of this password and inform members of staff of the change.

Without this password your child will not be released.

(Password agreed)

Parental Consent:

- If my child requires urgent medical attention and it is not possible to contact me, I agree to Twinkle Totz staff taking my child/children to hospital.
- I understand that the childcare setting runs from 8.00am to 6:00pm and will only be staffed between these hours. Collecting my child/children late will result in a **penalty fee**.
- In an **extreme case** of lateness and my child has not been collected after 1hour, I understand that its is the managers duty to inform **Social Services** and the care of my child will continue with them.
- I agree to the staff taking photos of my child for the purpose of marketing and developing displays and information at this setting.

Signature.....**Date**.....

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