



Child's Registration Information

Child Details

Name & Address of Facility.....

Child's Full Name.....

Name Called by Parents (first name).....

Sex (male/female).....

Date of Birth.....

PPS Number.....

Home Address

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Home Telephone Number.....

Nationality.....

Parents Details

Father's Name.....

Mother's Name.....

Occupation.....

Occupation.....

Work Place Address.....

Work Place Address.....

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Contact Number.....

Contact Number.....

Home Address (if different from where child resides).....

Home Address (if different from where child resides).....

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Name of Person with whom child lives

(1)..... (2).....

Designated Persons for Collection

Name.....

Address.....

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Contact Number.....

Relationship.....

Name.....

Address.....

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Contact Number.....

Relationship.....

Medical Details

Name of Family Doctor.....

Address.....

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Telephone Number.....

Medical History & Conditions (please detail all relevant information).....

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In an emergency person who is to be contacted.....

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Address.....

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Telephone number.....

Allergies

(1).....

Reaction.....

(2).....

Reaction.....

(3).....

Reaction.....

(4).....

Reaction.....

Outline Special Requirements

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Speech Difficulties

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Hearing Difficulties

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Immunisation Record

	B.C.G	Difteria	Tetanus	Whooping Cough	Polio	M.M.R	Menigitis C
Received							
Not Recieved							
Date Recieved							
