



Registration Form

Ria Hales & Ali Bunting
 8 Lyme Avenue
 Northchurch
 HP4 3SG
 Tel: 07470 474559
 E: rializechildcare@gmail.com

Child's Details

First name:	Surname:	What she/he likes to be called:
Date of birth and current age:	School attended and year:	Languages spoken at home:

Parent/Guardian details

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No					

Emergency Contact Details *(please provide details of two people we can contact if we are unable to get hold of you)*

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

Please provide a **password** (should someone else need to collect your child): _____

Child's Doctor

Name of Doctor:	Telephone:
Address:	
All Immunisations up to date: (please delete as appropriate)	Yes / No



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Sessions

Please indicate which sessions you would require and if you need long (LG) or short (SH) days:

Monday	Tuesday	Wednesday	Thursday	Friday

About your child

Please detail any additional/special needs your child has: (please provide full details)
Please tell us about any medication your child needs: (please provide full details)
Please detail any dietary requirements / food allergies for your child: (please provide full details)
Is there anything your child doesn't like (food, games etc) or is scared of?
What are your child's favourite activities?

Permissions:

- I do / do not give permission for my child's photo to be taken for use at Rialize and for the Rialize website
- I do / do not give permission for Rialize Childcare to administer first aid as required, including medicine such as calpol / nurofen

Please complete and return with £10 per child, non-refundable, registration fee.

Signature of Parent/Carer:

Date:

Signature of Rialize Manager:

Date:
