Brown Lilies Childcare

Child Registration Form

Please complete all sections. All information will be kept confidential.

This form must be completed before your child starts at Brown Lilies Childcare. Please inform us immediately if any details change.

Child's Information

Full Name: _____

Date of Birth: _____ **Gender:** _____

Home Address: _____

_____

Postcode: _____

Parent/Guardian Information

Parent/Guardian 1 Name: _____

Relationship to Child: _____

Phone Number: _____

Email Address: _____

Parent/Guardian 2 Name: _____

Relationship to Child: _____

Phone Number: _____

Email Address: _____

Emergency Contact (Other than Parent/Guardian)

Full Name: _____

Relationship to Child: _____

Phone Number: _____

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Please complete all sections. All information will be kept confidential.

Medical Information

Doctor's Name: _____

Doctor's Address: _____

Phone Number: _____

Does your child have any allergies or medical conditions? _____

Is your child on any medication? ☐ Yes ☐ No

If yes, please provide details: _____

Permissions

I give permission for my child to:

Go on local outings with staff: ☐ Yes ☐ No

Be photographed for display/promotion: ☐ Yes ☐ No

Receive emergency medical treatment if necessary: ☐ Yes ☐ No

Signature

Parent/Guardian Signature _____ **Date** _____

Print Name _____ **Relationship to Child** _____

By signing this form, I confirm that the information provided is accurate and I agree to notify Brown Lilies Childcare of any changes as soon as possible.