

Registration Form

Preferred Date of Session: _____/_____/2011/2

Site: **Lickey / Longbridge / Holywell** (please delete as appropriate)

Child/ren's Name/s: _____ and _____

Date of Birth: _____ and _____

School Year: _____ and _____

Home Telephone Number: _____

Parent/Guardian/Carers Name: _____

Work Telephone Number: _____

e-mail address: _____

Emergency Contact:
(other than Parent/Guardian/Carer) _____

Telephone Number: _____

Please list any Allergies: _____

Declarations and Signature of Parents/Guardians/Carers

Please read each of the following two statements very carefully as these will support Kayz days childcare staff deliver the highest possible quality of childcare. It is mandatory requirement to provide an answer to each statement. Any statements left blank may lead to your place being cancelled.

1. In the unlikely event that my child/ren requires emergency medical attention I give consent for a member of the Kayz Days team to perform emergency 1st aid.

Yes/No (delete as appropriate)

2. If my child/ren requires further medical attention I give consent for a Kayz Days member to contact 999 and travel to the nearest hospital, based on using there own judgment.

Yes/No (delete as appropriate)

Parents/Guardian/Carer Signature: _____ **Date:** _____

Thank you for completing your registration, please hand in to any one of our centres and we will be in touch with you very soon.