

REGISTRATION FORM - SMARTCARE

Child details

Parent/Carer details

Forename:		Father/Carer 1 forename:	
Middle name:		Father/Carer 1 surname:	
Surname:		Mother/Carer 2 forename:	
Gender:		Mother/Carer 2 surname:	
Date of birth:		Salutation (Mr & Mrs):	
Religion:			

Contact details

order of contact

Address:		Father/Carer 1 mob number:		
		Father/Carer 1 work number:		
Area:		Mother/Carer 2 mob number:		
Town:		Mother/Carer 2 work number:		
County:		Additional contact name:		
Postcode:		Relationship to child:		
Home Tel no:		Phone 1:		
E-mail:		Mobile no:		

Medical details

Doctors name:	
Surgery address:	
Tel number:	
Medical Details:	
Allergies: (please state severity)	
Dietary Requirements:	

Children's Interests - Please tell us a little about your child's interests to help us when planning

I certify that I have received and read the Smartcare regulations and that I agree with them. I wish to apply for the admission of the above child.	Signed:
	Date:

Thank you