



Parents are expected to bring their child/ren for a visit prior to care commencing so that they are familiar with staff and the child care setting.

**PEACE Childcare Ltd
Application & Registration Form**

PARENT/CARER DETAILS:

PARENT/CARER (1)

NAME: _____
 ADDRESS: _____

 POSTCODE: _____
 TELEPHONE NO: _____
 MOBILE NO: _____
 EMAIL ADDRESS: _____
 PASSWORD: _____

PARENT/CARER (2)

NAME: _____
 ADDRESS: _____

 POSTCODE: _____
 TELEPHONE NO: _____
 MOBILE NO: _____
 EMAIL ADDRESS: _____

CHILD/REN'S DETAILS:

CHILD/REN'S SURNAMES: _____

CHILD/REN'S CHRISTIAN NAMES: _____ DATE OF BIRTH: _____

SCHOOL NAME & ADDRESS: _____

SCHOOL TELEPHONE NO: _____

EMPLOYMENT DETAILS:

EMPLOYER NAME:	
EMPLYER ADDRESSES:	
EMPLOYER TEL NO:	

EMPLOYER NAME:	
EMPLYER ADDRESSES:	
EMPLOYER TEL NO:	

MEDICAL DETAILS:

DOCTOR'S NAME:	
DOCTOR'S ADDRESS:	
DOCTOR'S TEL NO:	

CHILD 1:

SPECIFIC HEALTH ISSUES IF APPLICABLE:					
ADDITIONAL SUPPORT REQUIRED	YES	NO	RISK ASSESSMENT REQUIRED – IF YES PLEASE ATTACH	YES	NO
IS YOUR SON/DAUGHTER ALLERGIC TO ANY MEDICATION?				YES	NO
HAS YOUR SON/DAUGHTER RECEIVED A TETNUS IN THE LAST 5 YEARS?				YES	NO
HAS YOUR SON/DAUGHTER ANY SPECIFIC DIETRY REQUIREMENTS?				YES	NO
DETAILS:					

CHILD 2:

SPECIFIC HEALTH ISSUES IF APPLICABLE:					
ADDITIONAL SUPPORT REQUIRED	YES	NO	RISK ASSESSMENT REQUIRED – IF YES PLEASE ATTACH	YES	NO
IS YOUR SON/DAUGHTER ALLERGIC TO ANY MEDICATION?				YES	NO
HAS YOUR SON/DAUGHTER RECEIVED A TETNUS IN THE LAST 5 YEARS?				YES	NO
HAS YOUR SON/DAUGHTER ANY SPECIFIC DIETRY REQUIREMENTS?				YES	NO
DETAILS:					

CHILD 3:

SPECIFIC HEALTH ISSUES IF APPLICABLE:					
ADDITIONAL SUPPORT REQUIRED	YES	NO	RISK ASSESSMENT REQUIRED – IF YES PLEASE ATTACH	YES	NO
IS YOUR SON/DAUGHTER ALLERGIC TO ANY MEDICATION?				YES	NO
HAS YOUR SON/DAUGHTER RECEIVED A TETNUS IN THE LAST 5 YEARS?				YES	NO
HAS YOUR SON/DAUGHTER ANY SPECIFIC DIETRY REQUIREMENTS?				YES	NO

DETAILS:

CHILD 4:

SPECIFIC HEALTH ISSUES IF APPLICABLE:					
ADDITIONAL SUPPORT REQUIRED	YES	NO	RISK ASSESSMENT REQUIRED – IF YES PLEASE ATTACH	YES	NO
IS YOUR SON/DAUGHTER ALLERGIC TO ANY MEDICATION?				YES	NO
HAS YOUR SON/DAUGHTER RECEIVED A TETNUS IN THE LAST 5 YEARS?				YES	NO
HAS YOUR SON/DAUGHTER ANY SPECIFIC DIETRY REQUIREMENTS?				YES	NO
DETAILS:					

I AGREE / DISAGREE TO MY CHILD/REN RECEIVING EMERGENCY MEDICAL TREATMENT IF REQUIRED.			
PARENT/CARER'S SIGNATURE:		DATE:	

EMERGENCY CONTACTS:

CONTACT 1 NAME:	
CONTACT 1 ADDRESS:	
CONTACT 1 TEL NO:	
CONTACT 2 NAME:	
CONTACT 2 ADDRESS:	
CONTACT 2 TEL NO:	



CHILD 1

NAME:

AGE:

HOBBIES:

DISLIKES:

FAVOURITE FOODS:

FAVOURITE SCHOOL SUBJECT:

CHILD 2

NAME:

AGE:

HOBBIES:

DISLIKES:

FAVOURITE FOODS:

FAVOURITE SCHOOL SUBJECT:

CHILD 3

NAME:

AGE:

HOBBIES:

DISLIKES:

FAVOURITE FOODS:

FAVOURITE SCHOOL SUBJECT:

CHILD 4

NAME:

AGE:

HOBBIES:

DISLIKES:

FAVOURITE FOODS:

FAVOURITE SCHOOL SUBJECT:

Children's Consent Quick Reference

	YES	NO	COMMENT
Face Painting			
Hair			
Make-Up			
Nails			
Suncream			
Indoor Activities			
Outdoor Activities			
Photographic Consent (Internal)			
Video Consent (Internal)			
Photographic Consent (Publically)			
Video Consent (Publically)			
Facebook			

Password:	
Medical Information:	
Additional Information:	

Parent / Carer's Signature:	
Date:	

Why did you decide to use our service?

Work	Training / Further Education	Other (please specify)

We certify that the information given is correct and on these grounds apply for a place for my child/ren. I also agree to inform the Project **immediately** of any change of circumstance.

If you haven't used our service within the previous year, you will need to complete the registration process again and pay the registration fee. We may also ask that you take your child/children in for a visit prior to restart date.

Parent / Carer's Signature:		Date:	
------------------------------------	--	--------------	--

For Official Use Only:

Reg Fee Paid:		Date:	
Start Date:		Week No:	
End Date:		Week No:	

Centre Manager's Signature:		Date:	
------------------------------------	--	--------------	--