



Rock up and play: Child Registration Form

1. Introducing ourselves

Child's full name	
Child's preferred name	
Date of birth	
Family contact address	
Parent / Carer name(s)	
Parent / Carer address (if different from above)	
Home telephone	
Mobile telephone	
Work telephone	
Email address	
Language used at home	
Our cultural background/religion is	



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2. Details in case of emergency

Emergency contact name	
Relationship to child	
Mobile telephone	

3. Medical Details

Any allergies (e.g. asthma, eczema, hay fever) or other medical concern we should be aware of?	
Any special dietary requirements (e.g. vegetarian, food allergies, foods which may not be eaten for religious reasons)?	
Family doctor name	
Address	
Telephone number	



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3. Likes and dislikes

Likes (include toys, activities, books/stories, games, songs, rhymes, comfort objects)	
Dislikes	

4. Toileting

Does your child wear nappies? If so is this all day or just for sleeps?	
Does your child require any particular routine for nappy changing?	
Does your child use the toilet or potty?	
How does your child indicate they want to go to the toilet?	



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5. Sleep

Does your child require a daytime sleep? If yes, how long and at what time?	
How do you settle your child to sleep? Do they have a routine, comfort object, etc?	
How does your child like to be treated when first waking? i.e left to come round alone, cuddled.	

6. Any other information

Please enter any other information you would like us to know about your child



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7. Confirmation

I confirm that the information I have supplied is correct to the best of my knowledge

Print name	
Signature	
Relationship to child	
Date	