

TREGS Day Care and Educational Centre
 Granwell Community Centre, 97 Whitwell Road Plaistow E13 8DA
 0207 473 3449

Registration Form

Child's Name:

Surname First Name

Address: Post code: Home tel:	Date of Birth: Sex: Name & address of current nursery / playgroup: Religion: ETHNICITY:
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Name of Mother / Guardian Please circle one: Mrs/Ms/Miss/other (please specify) Forename: Surname:	Name of Father / Guardian Please circle one: Mr / other (please specify) Forename: Surname:
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Name of Sibling(s) Forename: Surname: School: Forename: Surname: School:	Name of Sibling(s) Forename: Surname: School: Forename: Surname: School:
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Address (if different from the above)	Address (if different from the above)
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Daytime telephone number:	Daytime telephone number:
Mobile telephone number:	Mobile telephone number:
Home telephone number:	Home telephone number:
Email address:	Email address:
Profession / Occupation:	Profession / Occupation:
Additional Contact Name:	Tel:

GP: Name and Address of your GP:	Tel:
Name of your child health visitor:	Tel:
State of Health (please indicate any medical condition or disability)	
Any special circumstances that should be known in the interests of your child:	
Any special dietary requirement:	

Signed	Date
Signed	Date