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:	Date of Birth:
ridal C33.	Butte of Birth.
	Sex:
Post code:	Name & address of current nursery / playgroup:
	Traine & dualess of earrent harsery, playsroup.
Home tel:	
	Religion:
	ETHNICITY:
Name of Mother / Guardian	Name of Father / Guardian
Please circle one: Mrs/Ms/Miss/other (please	Please circle one: Mr / other (please specify)
specify)	Please circle offe. Wif / other (please specify)
specify	
Forename:	Forename:
Surname:	Surname:
Name of Sibling(s)	Name of Sibling(s)
Forename:	Forename:
Company	C
Surname:	Surname:
School:	School:
School.	301001.
Forename:	Forename:
- Orendine.	Torenamer
Surname:	Surname:
School:	School:
Address (if different from the above)	Address (if different from the above)

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:	Tel:	
Name and Address of your GP:		
Name of your child health visitor:	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	