

Child Registration form for under 16 years

PLEASE TICK IF CHILD IS 5 OR UNDER	
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Please provide details of the **main carer** for the child.

Name	DOB	Relationship to child

Please give details of **ALL** people who live at the same address as the child.

Name	DOB	Relationship to child

What is the child's first Language? _____

What school or Nursery does your child attend? _____

Please provide details of child's parents if different from above.

Parent name	DOB	Address

Previous Address	Previous GP