



Registration Form

Under the Early Years Services Regulations (2016), The Learning Tree is required to have specific information on your child and their family. **The information obtained on our Child Registration Form is used for the purpose of placing your child on our wait list.** Once space has become available and your child is officially registered with our service you will be required to fill out a more detailed Child Record Form. Our Service's Data Protection Policy and Privacy Notice outlines how we store, access and dispose of personal data.

Child's Full Name: _____

Date of Birth: ____ / ____ / ____ **Gender:** _____

Home Address: _____

Parent/Guardian's Information

Name:	1 _____	2 _____
Relationship to Child:	1 _____	2 _____
Address:	1 _____	2 _____
First language:	1 _____	2 _____
Mobile no:	1 _____	2 _____
Home Phone no:	1 _____	2 _____
E-mail address:	1 _____	2 _____

Sessions required (Please tick which session you require):

Early Childhood Care and Education Scheme- ECCE (Free pre-school for children over the age of 2 and 8 months):

Morning session (9:00am to 12:00pm)

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Afternoon Session (1:30pm-4:30pm)

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

National Childcare Scheme- NCS (For Full time children over the age of 2 and 8 months):

Full Time (Monday to Thursday 8:30-5:30 & 8:30-4:30 Friday)

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Requested Start Date: As soon as possible ☐ Other (Please specify date): _____

Additional needs and Accommodations:

In order to allow us to meet/support your child can you please inform us if your child has any of the following:

Does your child have any medical conditions, illness, additional needs, disability and/or allergies?

Yes ☐ No ☐

If yes, please outline details and accommodations needed: _____

Does your child have any physical/learning disability?

Yes ☐ No ☐

If yes, please outline details and accommodations needed _____

Does your child have any vision, hearing and/or speech difficulties?

☐ ☐

If yes, please outline details and accommodations needed _____

Does your child have any specific dietary/cultural requirements?

Yes ☐ No ☐

If yes, please outline details and accommodations needed _____

Notes:

Parent/Guardian's signature: _____ Date: ____ / ____ / ____

Manager/Supervisor Signature: _____ Date this form was accepted: ____ / ____ / ____