

# BABY CRECHE

Dear Parent / Guardian

We would like to welcome your child / children to baby crèche.

Could you please fill out the information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Any known allergies / illnesses or special needs:

\_\_\_\_\_  
\_\_\_\_\_

Approx seat on a Sunday morning: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Toilet Trained: Yes / No

Name of parent / guardian if child / children should fall ill:

\_\_\_\_\_  
\_\_\_\_\_

Signature of parent / guardian:

\_\_\_\_\_