

TODDLER CRECHE

Dear parent/guardian

We would like to welcome your child to toddler crèche. Please complete the information requested below:

Child's names: _____ D.O.B. _____

Address: _____

Telephone No. _____

Details of any known allergies/medical problems or special needs:

Name of parent/guardian should child fall ill: _____

Approximate seating area on a Sunday morning:

I give permission for my child _____ to receive first aid treatment if necessary, while I am being located in the Church Building.

Parent's signature

Date _____

PLEASE REMEMBER - YOUR CHILD MUST BE SIGNED IN & OUT OF THE CRÈCHE ON A WEEKLY BASIS