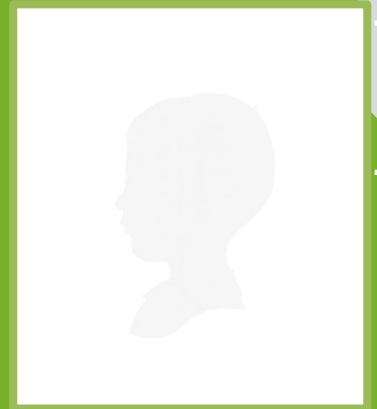


Registration Form



Office Use

Date Received:		
Registration Fee Paid		
Deposit Paid:		
Medical Fee Paid		
Term Fee Paid:		



Terms and Condition:

- ♥ Registration Fees - Non Refundable
- ♥ Medical Fee - Non Refundable
- ♥ Terms Fees - Non Refundable



Child Information

Child First Name:	Middle:	Last:	Nationality (required by Ministry)
Languages Spoken at Home	Religion (required by Ministry)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date: DD / MM / YY
Home address:			
Home Phone ()	P.O. Box:	City:	



Parent Information

Mother First Name:	Middle:	Last:	Mother Nationality (required by Ministry)
Mother Mobile Phone: ()	Mother Work Phone: ()	Mother Other Phone: ()	
Mother Email:			Would you like to receive newsletters to this email? <input type="checkbox"/> Yes <input type="checkbox"/> No
Father First Name:	Middle:	Last:	Father Nationality (required by Ministry)
Father Mobile Phone: ()	Father Work Phone: ()	Father Other Phone: ()	
Father Email:			Would you like to receive newsletters to this email? <input type="checkbox"/> Yes <input type="checkbox"/> No



Emergency Contacts (other than parents)

In case of emergency and we cannot reach parents, is there anyone else we can contact? Please note that persons listed must be within reach an hour before the pick-up time.

1.	Emergency Contact Name	Emergency Contact Phone ()	Relationship to Child
2.	Emergency Contact Name	Emergency Contact Phone ()	Relationship to Child

Pick Up Authority (other than parents) - - - - -

*Please write the names of people that are permitted to collect your child from CreakKids Nursery. E.g. Friend, Driver, Nanny. For anyone not listed, we will not allow them to pick up your child. Please note that persons listed must be within reach an hour before the pick-up time.

1.	Pick Up Authority Name	Pick Up Authority Phone ()	Relationship to Child
2.	Pick Up Authority Name	Pick Up Authority Phone ()	Relationship to Child



Days and Timings

Spaces are subject to availability and every effort will be made to accommodate your preferred days and timings. Tick your preferred days and times:

1. Drop Off Time: <input type="checkbox"/> 7:00AM <input type="checkbox"/> 8:00AM <input type="checkbox"/> 8:30AM	2. Pick Up Time: <input type="checkbox"/> 1:00PM <input type="checkbox"/> 2:00PM <input type="checkbox"/> 3:00PM <input type="checkbox"/> 6:00PM	3. Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Summer Care <input type="checkbox"/> All Year Programme
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Other Information

How did you hear about CreakKids Nursery?

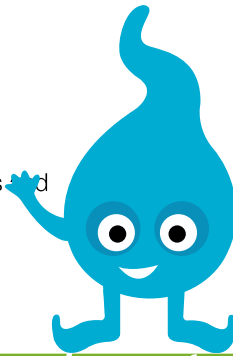
- | | | | |
|--|------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Facebook | <input type="checkbox"/> From Our Partners | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Search Engine | <input type="checkbox"/> Instagram | <input type="checkbox"/> Other magazine / newspaper | <input type="checkbox"/> Other: |

Consent for photographs

I agree for CreakKids Nursery to take photographs of my child which may be used for developmental observational purposes and advertising (FB, Instagram) and including the website and newsletters?

Social Media: Yes No Parent App: Yes No

I read and understand the Parent Handbook



Terms and Conditions:

- Registration Fee, Medical Fee and the Term Fees are Non-Refundable
- I understand that this is a supervised program, but the continued care and wellbeing of my child is still my responsibility.
- I agree to waive and release CreakKids Nursery, and their affiliates, officers, members, agents, employees, other children, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages that may arise as a result of my child's participation in any and all CreakKids Nursery activities, and the use of the play area and equipment.
- I agree to collect my child if he/she is unwell within one hour of being notified.

Parent Signature:

Date: