

NEPALI CLASS REGISTRATION FORM

Child's Name _____

Date of Birth _____

Parent/Guardian/Carer's Name _____

Home address

Telephone number _____

Mobile _____

Email Address _____

Who to contact in an emergency (other than Parent/guardian/carer)

Name _____

Telephone number _____ --

Name of person who will collect
child _____

Other persons who may collect child

Further information (if necessary)

Special Diet/ Allergies/ Health problems/ Childhood
illnesses _____

Anything else the we should know about your child e.g. likes, dislikes, fears

PARENT/GUARDIAN/CARER Signature
