



Chalkhouse Childcare Child Information Form

Name of child _____

Date of birth _____

Preferred name _____

Address of child _____

Home telephone number _____

Names of person(s) who will collect above child

Parent/Carer 1 information

Name _____

Address _____

Home telephone number _____

Mobile telephone number _____

Parent/Carer 2 information

Name _____

Address _____

Home telephone number _____

Mobile telephone number _____

Emergency contact (only complete if different to parent/carer info)

Name _____

Address _____

Home telephone number _____

Mobile telephone number _____

Do you give permission for me to seek emergency medical advice or
treatment? _____

Parent/Carer signature _____

Date _____