



Casa dei bambini

3A Unity Close, Off Africa Lane, Lekki Phase 1
01 2710467 01 2713144 08121600664 08022910366

Registration form

CHILD'S DETAILS

NAME OF CHILD	.....
DATE OF BIRTH	.....
TELEPHONE	.....
HOME ADDRESS	.....

MOTHER'S DETAILS

MOTHER'S NAME	.....
TELEPHONE	.....
EMAIL	.....
EMERGENCY CONTACT	.....
NAME AND ADDRESS OF EMPLOYER	.....

FATHER'S DETAILS

FATHER'S NAME	.....
TELEPHONE	.....
EMAIL	.....
EMERGENCY CONTACT	.....
NAME AND ADDRESS OF EMPLOYER	.....

EMERGENCY DETAILS
MEDICAL

NAME AND ADDRESS OF DOCTOR

.....

CARD NUMBER

HAS YOUR CHILD SUFFERED ANY CHILDHOOD ILLNESS

.....

ALLERGIES

SPECIAL DIETARY REQUIREMENTS

ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR CHILD

.....

.....

SECURITY DETAILS

FULL NAMES OF PEOPLE ALLOWED TO COLLECT YOUR CHILD

1.

2.

3.

...

Please note that we need to meet such persons well in advance.

- a. When would you like your child to start?.....
- b. How did you hear about us?
- c. We require two passport pictures.
- d. We require photocopies of immunizations.