

Pilates & Healing Creche

Child Information

Child's Name: _____

Child's Date of Birth: _____

Parent/Guardian: _____

Child's relevant information:

medical conditions _____

allergies _____

medications _____

Is your child toilet trained? Yes / No

Does your child have a tendency to bite hit hide ?

Is there anything else we need to know about your child's behaviour or health?

I am the parent/guardian of and understand that I cannot leave the premises whilst he/she is in the care of Anne Neal at the Pilates & Healing Creche. I understand that I have to sign my child in and out of the creche services. I understand that I have provided any food, nappies at the time that he/she has been dropped off and that Anne Neal has the authority to change their nappies and feed them any food and drink that I have provided.

Signed: _____

Date: _____