

# REGISTRATION FORM

**Bikram Yoga Crèche**

Please write clearly and in capitals

**Date** \_\_\_\_\_

**Child's Full Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Parent/Guardian Full Name** \_\_\_\_\_

**Mobile Contact No** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

**Emergency contact Phone No** \_\_\_\_\_

**Family Doctor Name** \_\_\_\_\_

**Doctor Phone No** \_\_\_\_\_

**Does your child have any medical conditions of which staff should be aware? If Yes, please detail**

**Allergies** \_\_\_\_\_

**Medical Conditions** \_\_\_\_\_

**Asthma**                      **Yes**                      **No**

**Are there any special access/custody arrangements?**                      **Yes**                      **No**

**If yes, please give details** \_\_\_\_\_

**Is there anything else we need to know about your child?** \_\_\_\_\_