**Kids Deserve the Best**

*Quality Childcare to suit your individual needs*

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# **Crèche Registration Form**

**Conference Name: Protecting Cultural Heritage in Armed Conflict & Situations of Forcible Displacement**

**Event Dates: Friday 1st March and Saturday 2nd March 2019**

**Childcare Services: The Rothbury Room, The Holiday Inn, Jesmond Rd, Newcastle upon Tyne NE2 1PR**

**I would like to book a place for my child at the above event.**

**Childcare Creche Available:**

* **Friday 1st March 2019 – 4.00pm until 8.00pm**
* **Saturday 2nd March 2019 – 8.00am until 5.30pm**

Child’s Details

|  |  |
| --- | --- |
| Full Name: |  |
| Date of birth: |  |
| Nationality: |  |
| Religion: |  |
| Names of Parents/Guardians: |  |
| Home Address: |  |
| Who has parental responsibility for the child?: |  |
| Home phone number: |  |
| Mobile phone number: |  |
| Email address: |  |
| Please give us five words which describe your child’s personality and character | |

## Medical Details

|  |  |
| --- | --- |
| Doctor’s name: |  |
| Doctor’s address: |  |
| Doctor’s telephone: |  |
| Does the child have any allergies? If yes, please provide details: |  |
| Does the child have any special dietary requirements? If yes, please provide details: |  |
| Does the child have any medical conditions? If yes, please provide details: |  |
| Food and drink allergies? If yes, please provide details: |  |
| Is there anything else we should know about your child? |  |

## First Emergency Contact Information

|  |  |
| --- | --- |
| First name: |  |
| Last name: |  |
| Telephone: |  |
| Alternative Telephone: |  |
| Relationship to child: |  |

## Second Emergency Contact Information

|  |  |
| --- | --- |
| First name: |  |
| Last name: |  |
| Telephone: |  |
| Alternative Telephone: |  |
| Relationship to child: |  |

## Consent

|  |  |
| --- | --- |
| I give consent to: *(if applicable)* | Yes/No |
| Have a non-allergenic plaster applied: |  |
| Face Painting activities: |  |
| Staff to apply sun-scream provided by me: |  |
| Photographs being taken of my child: |  |

## Parent/Guardian’s Signature:

## Parent/Guardian’s Name:

Date: