

Start Date: ___/___/___ End Date: ___/___/___



Drop-in form

Name of Child:	Date of Birth:	Nationality:
Mothers Name:	Mothers Mobile Number:	Email:
Fathers Name:	Fathers Mobile Number:	Email:

Child's Medical information and Permission

I authorise do not authorise TTIS staff to administer first aid treatment to my child.
 I authorise do not authorise TTIS staff to take my child to the nearest Clinic (Phillips Clinic/Akai House Clinic) for treatment by the doctor on call.
NB: Kindly note that all costs associated with emergency medical care will be borne by parents

List any allergies/conditions your child may have:

Please attach a copy of your child's immunisation records.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: ___/___/___

Name(s) of relatives or friend(s) to pick up child in case of an emergency:

Name: _____ **Tel:** _____

Name: _____ **Tel:** _____

Photographic Permission

I authorise do not authorise Twinkle Tots International Preschool to use and reproduce photographs taken of my child and to circulate them for advertising and publicity purposes of any description

Please let us know if any information changes whilst your child is in attendance at Twinkle Tots International Preschool

...Where fun begins and learning never ends.