



Registration Form

Child's Info:

Full name of child:			
Nickname:			
Date of Birth:	Sex:	Boy	Girl
Address:			
Address:			
Postcode:	Home Phone:		

Parental Info.

Mother's name:		
Occupation:	Employer:	
Work phone number:	Mobile phone number:	
Email address:		
Address (if different from child's):		

Father's name:		
Occupation:	Employer:	
Work phone number:	Mobile phone number:	
Email address:		
Address (if different from child's):		

Restrictions

Who has parental responsibility / legal guardianship?			
Name:			
Are there any contact restrictions (if yes please give details below):	Yes	No	

Details:

Other Emergency Contacts:

Name:	Relationship to child:
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Name:	Relationship to child:
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Name:	Relationship to child:
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Medical Info:

Facility:

Doctor's name:	
Doctor's address:	Doctor's phone number:

Medical Details:
Medical Details Does your child have any medical conditions that we should be made aware of? Please give details below:
Allergies Does your child have any allergies that we should be made aware of? Please give details below:
Special Dietary Requirements Does your child have any special dietary requirements? e.g. Vegetarian. Please give details below:

Permissions:

Do you give SAI permission to take photographs of your child for development files?	Yes	No
Do you give SAI permission to take photographs of your child for promotional purposes?	Yes	No
Do you give SAI permission to administer first aid?	Yes	No
Do you give SAI permission to take your child on outings to local shops, etc?	Yes	No

Release Arrangements

Who is authorized to receive your child from SAI other than parents? Your child will only be allowed to leave SAI with people listed here. **Any changes to this information should be submitted in writing to the SAI Manager.**

Name:	Relationship to child:
Name:	Relationship to child:
Name:	Relationship to child:

As an extra precaution you may use a password. Anyone collecting your child should be made aware of this.	
Password:	

Child's Background:

Child's Religion:	Child's Ethnic Group:
What is the first language spoken at home?:	Is there any other language spoken at home?:

I understand and acknowledge that the \$25 fee due for SAI Membership is to be paid per calendar month and is paid one month in advance, directly into the SAI account and non-refundable in case of absence. I further agree to give one month's notice or payment in lieu of notice if I wish to withdraw my child from SAI. I understand that failure to pay said fees may result in loss of membership.

Print: _____

Signature: _____

Date: _____