

A.I.M.S REGISTRATION FORM - STRICTLY CONFIDENTIAL

Names of parents / Carers: Surname: Christian name:	
Address:	
Tel No:	Email:

Information on ALL children in the family

Child's Christian name and surname	Date of birth	Special needs/allergies we need to be aware of	School or Pre-School
Emergency contacts - 2 names and telephone numbers please			
We occasionally take photographs to use in displays or for publicity. May we use your family?		YES/NO	
Sometimes we use face paints. Are you happy for your child to join in this activity?		YES?NO	
Signature		Date:	