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

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 Pre-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?  Sometimes we use face paints. Are you happy for your child to join in this activity?  Signature Date:	Names of parents	c / Carers	3:				
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