



CHILD REGISTRATION FORM 0-13 YEARS

Please complete the following details and return to Reception with proof of identification.

CHILD DETAILS		
Name:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth:		
Place of Birth:		
NHS Number:		
Nationality:		
If the child was not born in the UK, date of entry to UK:		

PARENT/GUARDIAN DETAILS	
Parent/Carer 1:	Date of Birth:
Parent/Carer 2:	Date of Birth:
Current Address:	
Previous Address (if applicable):	
Previous GP Surgery (if applicable):	
Home Telephone Number:	
Parent/Carer 1 Mobile:	
Parent/Carer 2 Mobile:	
Signature:	Date:
Nominated Pharmacy	