



## Chorleywood & Loudwater Children's Centre Registration Form

Please return this form to:  
Chorleywood & Loudwater Children's Centre, Lower Road, Chorleywood, WD3 5LB.  
☎ 01923 484903

**Family Address:**

**Address:**

**Postcode:**

<b>Home Telephone number:</b>	<b>Name of GP surgery:</b>
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**Please use this space to give us details of the children in your care:**

Childs name & surname	Date of birth	Gender		Lives with	School or childcare setting	Country of birth	Religion	Language Spoken	Ethnicity
		M	F						

<b>Do you consider any member of this family has a special need?</b> (If so please state their name and the nature of the special need.)	Yes	No
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<b>Are any of the members of this family registered disabled?</b> (If so please state their name and the nature of the disability.)	Yes	No
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**Please use this space to tell us anything else you would like us to know:**  
(If any of the family do not live at the address stated overleaf please let us know here.)

