

Setting: _____

P1 REF: _____

Child Registration Form

Child's name: _____ DOB: _____ Male Female

Starting date at the setting: _____

Address: _____

Post Code: _____ Telephone Number: _____

Person with responsibility for the child:

Name: _____ Name: _____

Address: _____ Address: _____

Phone No: _____ Phone No: _____

Relationship to child: _____ Relationship to child: _____

Mothers Language: Welsh English Mixed Fathers Language: Welsh English Mixed

Language at home: Welsh English Mixed

Other Did your child attend Ti a Fi? Yes No

Religion: _____ Ethnic Origin: _____

Position within the family: (1st 2nd or 3rd child) No of brothers or sisters:

Other family members: _____

Does your child have any fears or hates? _____

Does your child have a special toy or comforter? _____

Does your child use a special word for toileting? _____

Health Details

Vaccinations: Diphtheria, Whooping cough, Tetanus Polio MMR Meningitis

Date of the child's last Tetanus vaccination: _____

Special needs or allergies: _____

Other information about your child that the Leader should know about: _____

Signature: _____ Print: _____ Dated: _____

Lleoliad: _____

P1 REF:

Furflen cofrestru Plentyn

Enw'r Plentyn: _____ Dyddiad geni: _____

Gwrw Benyw

Dyddiad cychwyn yn y lleoliad: _____

Cyfeiriad: _____

Cod Post: _____ Rhif ffon: _____

Person sydd a chyfrifoldeb am y plentyn:

Enw: _____ Enw: _____

Cyfeiriad: _____ Cyfeiriad: _____

Rhif ffon: _____ Rhif ffon: _____

Perthynas i'r plentyn: _____ Perthynas i'r plentyn: _____

laith y Fam: Cymraeg Saesneg Cymysg laith y Dad: Cymraeg Saesneg Cymysg

laith y cartref: Cymraeg Saesneg Cymysg

Arall

Gwnaeth dy blentyn mynychu Ti a Fi? Ie Na

Crefydd: _____ Gwreiddiau ethnig: _____

Safle'r plentyn yn y teulu: (plentyn 1^{af}, 2^{il}) Nifer o frodyr neu chwiorydd:

Aelodau eraill o'r teulu: _____

Oes gan eich plentyn ofnau neu gas bethau? _____

Oes gan eich plentyn degan neu gysurwr arbennig? _____

Oes gan eich plentyn air arbennig am fynd i'r ty bach? _____

Manylion Iechyd

Brechiadau: Difftheria, Y Pas, Tetanus Polio MMR Llid yr ymennydd

Dyddiad pigiad Tetanus diwethaf: _____

Anghenion arbennig neu alergeddau:

Gwybodaeth arall am iechyd y plentyn dylai'r Arweinydd wybod amdano: _____

Llofnod: _____ **Printio:** _____ **Dyddiad:** _____