



MOOINJER VEGGEY

RECORTYSSEY LHIANNOO/ CHILD REGISTRATION

Ennym/ Name:.....

Ruggit/ Date of Birth:.....

Enmys/ Address:.....

.....Chellvane/ Telephone.....

Ennym y phaarant/ Parent's name.....

Boayl obbyr/ Place of work.....

.....Chellvane/ Telephone.....

Ayns feme ayns chellvane/  
Emergency name and telephone no.....

Fer-lhee yh lhiannoo/Child's doctor.....

Enmys/ Address.....

.....Chellvane/ Telephone.....

Jeenaghey/ Immunisation.....

Gorlaghyn gowaltagh / Infectious illnesses.....

.....

Keayrtagh slaynt / Health visitor.....

.....Chellvane/ Telephone.....

