



Registration Form

Child name: _____ DOB: ____ / ____ /20____

Religion: _____ Nationality: _____

Carer /Parent 1 name: _____ Mobile: _____

Carer /Parent 2 name: _____ Mobile: _____

Address: _____

_____ Postal Code: _____ Home Tel. no.: _____

Email Parent /Carer 1: _____ Email Parent/ Carer 2: _____

If your child is not living with both parents at the address given above, please confirm which parent your child is living with.

If both parents/guardians are regularly away from home during Pre-School hours, please supply a work address and telephone number:

Place of work: _____ Tel. No.: _____

The emergency contact should be someone other than the main carer/s and preferably within a 15-minute drive from Pre-School

Emergency contact: Name: _____ Tel. No.: _____

Relation to child: _____

Doctor's surgery: _____ Tel. No.: _____

Pre-school start date: ____ / ____ /20____ Child's age at start date: ____ years ____ months

AM 9am – 1pm	Monday		Tuesday		Wednesday		Thursday		Friday	
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We offer extended sessions for children who are three and older. Please indicate if you would like your child to attend an extended session when he/she turns 3.

PM 1am – 3pm	Monday		Tuesday		Thursday		Friday	
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Please give details of:

- ◆ Medical disorders or regular medication to take and/or history that we should know about:

- ◆ Childhood illnesses: _____

- ◆ Immunisations: _____

- ◆ Dietary requirements/allergies: _____

- ◆ Additional Needs (learning/physical): _____

- ◆ Anything else we may need to know: _____

Have you ever had a social worker yes/no

If yes, please give details: _____

I have made an online deposit payment of £25.00 on _____ to reserve my child's place
(Bank: Lloyds Bank Sort code: 30-90-89 Account no.: 57156568)

Please note that your child will only be considered for registration if the deposit is included.

I confirm that I have read, understand and agree to the Admissions Policy and Conditions of Registration as well as our Privacy Policy (see website).

Parent /Guardian 1: _____ Signature: _____

Date: ____/____/20____

I confirm that I have read, understand and agree to the Admissions Policy and Conditions of Registration as well as our Privacy Policy (see website).

Parent/Guardian 2: _____ Signature: _____

Date: ____/____/20____