



OFFICE USE ONLY	
Start Date:	Deposit:
2 yr funded	
3 yr funded	
Fee paying	

## Registration Form

Name of Child..... D.O.B.....

Ethnicity.....First Language.....Religion.....

Address.....

.....Post Code.....

I would like my child to start pre-school on.....for the following sessions:  
Please tick desired sessions

	Mon	Tues	Wed	Thurs	Fri
Breakfast club					
8.30am					
9-12pm					
12-3pm					
Afterschool club					

### Parent/Carer 1

Name.....Relationship to child.....

Address.....Post Code.....

Mobile Telephone.....

Home Telephone.....Work Telephone.....

Email Address.....

Parental responsibility for child? YES/NO

Legal guardian of child? YES/NO

### Parent/Carer 2

Name.....Relationship to child.....

Address.....Post Code.....

Mobile Telephone.....

Home Telephone.....Work Telephone.....

Email address.....

Parental responsibility for child? YES/NO

Legal guardian of child? YES/NO

Doctor's Name and Surgery.....

.....Health Visitor.....

Please list any dietary requirements, allergies, known medical conditions or special needs.

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**Emergency Contacts: (not parent 1 or 2)**

Name.....Relationship to child.....

Home Telephone.....

Mobile.....Work Telephone.....

Name.....Relationship to child.....

Home Telephone.....

Mobile.....Work Telephone.....

**Please list below the people who will usually collect your child** (please ensure they know the password below and please inform preschool if there will be someone other than those listed below collecting your child):-

.....  
.....

Password.....

Are there any professionals involved in your child's life? i.e social worker, family link worker? YES/NO .....

Please give any other information you feel is relevant.

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Signed.....Print Name.....Date.....