|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Surname ……………………………….  Child’s First Name ……………………………..  Name known by if different from above …………………….. | | Date of Birth ……./………/…….  Ethnic Origin ………………………………………  Password ………………………………… | |
| (1)Parent/Carer Surname …………………………………… First Name …………………………………………………  Address ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… Postcode…………………………………………  Home Phone Number ………………………………… Mobile Number ………………………………..  Work Number …………………………………………. | | | |
| (2)Parent/Carer Surname …………………………………… First Name …………………………………………………  Address (If different from above) ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… Postcode…………………………………………  Home Phone Number ………………………………… Mobile Number ………………………………..  Work Number …………………………………………. | | | |
| Who has parental responsibility for the child ………………………………………………………………………  Please state who has legal rights for the child ……………………………………………………………………... | | | |
| Doctors Name ……………………………………….  Doctors Address ……………………………………….  ………………………………………………………………….  Telephone ……………………………………………….. | | | Health Care Visitor Name …………………………………………………. |
| Relevant Medical History or Allergies ………………………………………………………………………………………………………….  Special Dietary or Special Requirements …………………………………………………………………………………………………….  Any Medication ……………………………………………………………………………………………………………………………………  Please Tick Immunisation Your Child Has Had:  Diptheria ( ) Tetanus ( ) Whooping Cough ( ) Polio ( ) Haemophilus Influenza ( ) MMR ( )  Does your child attend or has attended, any outside agencies e.g. speech/language therapist?  ………………………………………………………………………………………………………………………………………………………………… | | | |
| Emergency Contact 1  Name ……………………………………  Relationship to Child ………………………………..  Phone Number ……………………………………………. | Emergency Contact 2  Name ………………………………………………  Relationship to Child ………………………………………  Phone Number …………………………………………………. | | |

1. In the event of an emergency I agree for my child to be taken to a doctor
2. I understand that an unwell child will not be admitted to the Pre-school
3. I agree to my child taking part in supervised walks/games etc.
4. I agree to provide one half term’s notice if my child is leaving the Pre-school
5. I agree to pay all due fees upon my child leaving the Pre-school
6. I understand there is a voluntary contribution of £25 payable on registration (This goes towards your child’s uniform jumper and book bag)
7. I give permission to access support from outside agencies
8. I agree to my child to have plasters administered at Pre-school
9. I agree to apply all day sun cream to child before sending them to Pre-school

Signature ………………………………………………………………………… Date …………………………………………………….

Please tick which session you would like your child to attend:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM Session  8.45 – 11.45 |  |  |  |  |  |
| PM Session  12.15 – 3.15 |  |  |  |  |  |
| All Day Session  8.45 – 3.15 |  |  |  |  |  |