

Registration Form

Start:

Allergies:

KP:

		_					
Full name of child:				Date of birth:			
Address:	Postcode:						
Parent/Carer 1							
Name:							
Address if different from the child's:							
Home Telephone:				Mobile number:			
Email Address:							
Do they have parental response	nsibility? YES / I	VO	Does the	e child live with this	parent/carer?	YES / NO	
Parent/Carer 2							
Name:							
Address if different from the child's:							
Home Telephone:				Mobile number:			
Email Address:							
Do they have parental response	nsibility? YES / I	NO	Does the	e child live with this	parent/carer?	YES / NO	
Emergency Contact 1							
Name:	Relationship to child:						
Home number:	Mobile nu			number:			
Emergency Contact 2							
Name:			Relation	ship to child:			
Home number:	Mobile number:						
Password to be used if anyo to collect your child in an en							
Will your child be attending Nursery or Pre-school, if so							
Please provide any information on disabilities or medical needs that we will need to be aware of:							
Does your child have any allergies or intolerances?							

Start date:		Monday	Tuesday	Wednesday	Thursday	Friday			
Please tick your preferred sessions:	Morning 9.00 – 12.00 Afternoon 12.00 – 3.00								
Additional Information									
Gender:			Ethnicity:						
Home Language:			,						
	<u> </u>								
Consents									
I consent to my chi Photos are also use background of pho	ed in the child's	s personal le	arning journe			J			
I consent to my chi	I consent to my child having sunscreen applied.								
I give consent for no transfusion, as constaff will accompany present.	sidered necess	ary by the m	edical author	rities. I unders	tand that a m	ember of			
Contract									
I have read the pre-sc	hool policies a	nd agree wit	h them.						
I give permission for the second	he information	ı I have provi	ded to be pro	ocessed in acco	ordance with	the privacy			
policy.									
Fees are payable term	ly in advance l	oy bank trans	sfer, cash or o	cheque. They r	nust be paid	within 7			
days from receiving th	e invoice unle	ss otherwise	agreed by th	e pre-school.					
• Funding for 3 & 4 year	olds cannot b	e altered un	til the beginn	ing of the next	term. If you	increase			
your hours mid-term y	ou will be cha	rged for the	additional ho	urs.					
The pre-school reserve	es the right to	disallow you	r child to atte	end any charge	eable sessions	if fees are			
unpaid. (Refer to fees	and non-paym	nent of fees p	oolicy).						
A whole half-term's no	otice is require	d to reduce	chargeable h	ours or termin	ate your child	d's place			
with the pre-school, u	nless your chil	d is moving ι	up to primary	school.					
• Fees are applied for he	olidays and sic	k days taken	during term	time.					
You are required to pr	ovide a copy c	of your child's	s birth certific	cate.					
Parent/Carer signature:				Date:					

Print name: _____