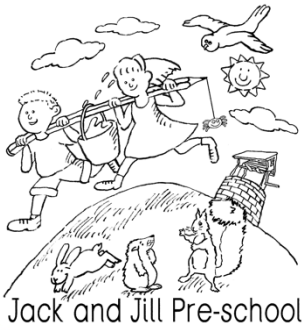

Registration Form

Family Name …….. Sex …….

Child's Names …… Date of Birth ……..

Address ……

……

Phone No. ……..

Parents / carers Names……

Please supply your email address if you are happy to be contacted this way.

……

If we need to contact someone and there is no one at the above address, please indicate where we could reach parents or other carers.

Name ……

Address ……

……

Phone No. ……

Name ……

Address ……

……

Phone No ……

Name of child's doctor ……

Address ……

……

Phone No. ……

Has your child been immunised against the following?:

Diphtheria	Whooping Cough	Hibs
Tetanus	Polio	Measles

Is your child allergic to anything or has a medical condition we should be aware of? …….

…….

Our group has a special needs policy. Does your child have a special need you would like to discuss with staff?

…..……..……..

……..

Is there anything else about your child (e.g. cultural or religious) or a fear or phobia that you think we should know, in order to provide all round care?

……

……

Please circle preferred start and finish time for each day you would like:

	Start at	Pick up at
Monday	08:30 or 09:00	12:00 or 12:30 or 15:00 or 15:30
Tuesday	08:30 or 09:00	12:00 or 12:30
Wednesday	08:30 or 09:00	12:00 or 12:30 or 15:00 or 15:30
Thursday	08:30 or 09:00	12:00 or 12:30 or 15:00
Friday	08:30 or 09:00	12:00 or 12:30 or 15:00 or 15:30

Are you willing to help on the parent's rota? Yes/No

Signature of Parent/Carer ……...

Please return this form to Jack and Jill Pre-School,

Village Hall, Burley Road, Bransgore, BH23 8AY. Or call 01425 673903 to discuss your registration needs.

Having registered if you find that you no longer need the place, please inform me as soon as possible. Should you decide you no longer need the place I will not retain the details on this application form.