



# REGISTRATION FORM

Preferred start date: ..... (note: we cannot guarantee starts except for Sept.)

## CHILD'S DETAILS:

Child's Surname ..... Forename/s ..... Male/Female

Date of birth ..... Age on entry ..... Position in family .....

## PARENTS'/GUARDIANS' DETAILS:

Surname ..... Surname .....

Forename ..... Forename .....

Address: ..... Address .....

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

Telephone No. .... Telephone No. ....

Mobile No. .... Mobile No. ....

## PARENT'S/GUARDIAN'S WORK PLACES

.....

Contact No. ....

## EMERGENCY CONTACTS:

Please sign to give us permission to administer first aid and call for an ambulance as needed

..... (Mother/Father)

Please give details of persons who can be contacted in an emergency if parents are unavailable, placing them in the order you wish them to be contacted.

1. Surname: ..... Forename: .....

Relationship to child: .....

Address: .....

Telephone No.: ..... Mobile No.: .....

2. Surname: ..... Forename:.....

Relationship to child:.....

Address:.....

Telephone No.: ..... Mobile No. ....

Who has legal contact with the child?.....

Who has parental responsibility for the child?.....

Which parent/care does the child normally live with?.....

What is the main religion in your family? .....

Which Festivals are celebrated .....

Special Requirements (pertaining to faith or religion):.....

Language spoken at home ..... Ethnic Origin .....

Doctor ..... Health Visitor .....

Address ..... Telephone No. ....

Other professionals working with the family, e.g. speech therapist etc., .....

Does your child have any special needs or disability?.....

**MEDICAL INFORMATION**

Immunisation details: Diphtheria Tetanus Whooping Cough HIB Polio Meningitis C MMR  
(please circle all that apply)

Does your child have any medical condition we should know about. If so, please describe:

.....

Are there any medicines your child takes regularly? .....

**N.B. Medicines cannot be administered without the written permission of the parent**

Are there any foods your child must not eat? .....

Does your child have any known allergies/intolerances?.....

Has your child attended any other pre-school/nursery? .....

How did you hear about us? .....

Please let us know your e-mail address, if you would like to receive our newsletter by e-mail:

.....

After taking up a place, I agree to give a half –terms notice of leaving in writing on a sessional day.  
If no such notice is given, your child’s place is automatically held.  
I agree to pay a further half-term’s fees if I give any shorter notice.

Signature of parent ..... Date:

**IF YOU REQUIRE HELP COMPLETING THIS FORM – PLEASE ASK A MEMBER OF STAFF**

**Please send to: Elena Buchholdt, 10, Kay Crescent, Headley Down, BORDON, GU35 8AH**