



Parents Registration Form

Child's Details

Surname:			
First names:			
Date of birth:			
Address :			
		Post code:	
Telephone no:		Mobile no:	
Email address:			

Doctors name:	
Doctors telephone no:	
Health Visitor's name:	
Parent's names:	

Copy of Birth Certificate attached Yes No

Religion:	
Child's first language:	
Any other language spoken at home:	

Emergency contact details; should an emergency occur please list in order of priority who should be contacted.

Name:			
Telephone no:		Mobile no:	
Relationship to child:			
Name:			
Telephone no:		Mobile no:	
Relationship to child:			

Parental Responsibility

With whom does the child live?	
Who has legal parental responsibility?	
Any other information relevant:	

Has your child been immunised against the following:

Diphtheria, Tetanus and Polio x3	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Measles, Mumps and Rubella	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Whooping Cough	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is your child on medication for:

Diabetes Yes No
Epilepsy Yes No
Asthma Yes No

Or any other condition not mentioned above:	
Does your child suffer from any allergies or intolerance?	
Is there anything in particular we need to know about your child's behaviour?	

I consent to my child:

Receiving medical treatment in an emergency: Yes No
Including an anaesthetic if required: Yes No
Having an adhesive dressing applied if a first aider feels it necessary: Yes No
Having his/her photo taken for pre-school purposes only Yes No
(These will be kept securely in line with Data Protection)
Being taken on supervised outings and taking part in the activities: Yes No

Favourite toy or comfort aid:	
Is there anything else which you would like to tell us about your child, concerns, special needs diagnosed or <u>suspected</u> ?	

Name(s) or persons authorised to collect your child from pre-school:	
Any other personal information (eg Dietary requirements, likes/dislikes and interests, any brothers or sisters) etc:	

When you would like your child to start attending Pre-School:
(We will confirm availability of session's upon receipt of your registration)

Signed (Parent/Guardian):		Date:	
Signed (Parent/Guardian):		Date:	