

Registration Form

Please print this form, fill it in, and sign it.

Contact details

Child's name:
Child's date of birth:
Parent/carer's name:
Home Address:

Post code:
Telephone number: Mobile phone number(s):
Email:
Contact number during school hours:
Emergency contact name, address, telephone number(s):

Names of those who are authorized to collect your child from school:

Days attending

Please indicate whether you wish your child to start on 4 or 5 mornings.

Health Details

Child's doctor: Tel:
Health visitor: Tel:
Health requirements:
Dietary requirements:

Allergies:

Additional support needs:

Vaccinations:

Other

Name and age of siblings:

Additional information (eg religious, cultural etc):

Other languages spoken at home:

Preferred start date:

Signature of Parent / Carer:

Date: