

Little Angels Preschool Nursery Cobham

Registration Form

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|---------------------|
| Full Name of Child: |
|---------------------|

| | | |
|----------------|-------------|-----------------------------|
| Date of Birth: | Male/Female | Language(s) Spoken at Home: |
|----------------|-------------|-----------------------------|

| | |
|-------------------|--|
| Address of Child: | Date of Proposed Entry: |
| Postcode | Preferred Sessions: |
| | Morning: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> |
| | Lunch : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N/A |
| | Afternoon: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N/A |

PARENT/CARER

| | |
|-----------|-------------|
| Full Name | Tel: Home |
| Address | Work |
| | Mobile |
| | Email |
| | Occupation: |

PARENT/CARER

| | |
|-----------|-------------|
| Full Name | Tel: Home |
| Address | Work |
| | Mobile |
| | Email |
| | Occupation: |

| |
|---|
| Which parent/carer does the child normally live with? |
|---|

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|--|
| Who has parental responsibility for the child? |
| Who has legal contact with the child? |

| | |
|--|--------|
| Is your child subject to a court order? | Yes/No |
| Have they ever been on the child protection register? | Yes/No |
| <i>(If there are any other issues you need to discuss further please speak to the manager)</i> | |

EMERGENCY CONTACT DETAILS (if parent/carers are unavailable)

| | |
|-----------------------|---------------|
| Full Name | Tel: Home |
| Relationship to Child | Work |
| Address | Mobile |
| | Doctors Name: |
| | Surgery: |

Does your child have any special dietary requirements, preferences or real dislikes?

Does your child have any special health requirements? (including, Asthma, Eczema etc.)
If so please state:

Has your child been immunised against the following:

MMR: Yes/No Date:

Tetanus: Yes/No Date:

Polio: Yes/No Date:

Mumps: Yes/No Date:

Measles: Yes/NO Date:

Rubella: Yes/No Date:

Whooping Cough: Yes/No Date:

Diphtheria: Yes/No Date:

Others:

Does your child suffer from any allergies?

If so please state:

Does your child have any special needs or disability?

If so please state:

What is the main religion in your family?

What language(s) is/are spoken at home?

Any other special circumstances you feel may be appropriate?

How did you hear about us?

On registration, please supply a photograph of your child's family for our Families Board. This will help your child to settle at nursery and encourage them to talk about their home lives while at Little Angels.

Registration Fee Paid Y or N/A

Deposit Paid Y or N/A