



Sutton on the Hill Pre-School Registration Form

A Details of Child

1	Full Name of Child								
	Preferred Name								
	Date of Birth	d	d	m	m	y	y	y	y

ORIGINAL BIRTH CERTIFICATE MUST BE PRODUCED FOR COPYING & RETAINING BY PRE-SCHOOL

2	Address								
	Postcode								

Please indicate which parent/carer the child normally lives with.

B Details of Parents/Carers

1	Full Name								
	Address (if different)								
	Postcode								
	Telephone - Home								
	Telephone - Mobile								

2	Full Name								
	Address (if different)								
	Postcode								
	Telephone - Home								
	Telephone - Mobile								

C Contact and Responsibility

1	Who has parental responsibility of the child?

2	Who has legal contact for the child?

D Emergency Contact Details

1 Mother's Work Contact Number

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Father's Work Contact Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2 Names of any other emergency contact number

Name																					
Relationship to child																					
Telephone Number	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				

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3 Persons authorised to collect the child (must be over 16yrs of age)

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Relationship to child																					
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4 Family Doctor

Name	
Address	

	Postcode	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				

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E COMMUNICATION

Please provide email address to receive Newsletters, invoices, a login to online journal Tapestry and other important information. We will also send text message reminders.

E-MAIL	
Mobile number	

F Other Information

1 Does your child have any dietary needs or preferences?
 If yes please give details below: Yes No

2 Does your child suffer from any medical conditions?
 If yes please give details below: Yes No

Is your child up-to-date with their immunisations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has your child had the MMR vaccine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has my child had his/her 2 year old progress check?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

4 Does your child have any special needs or disability?
 If yes please give details below: Yes No

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5 How would you describe your child's ethnicity or cultural background?

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6 Which languages are spoken at home?
 If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes No
 If so, discuss and agree next steps with the key person.

7 How did you find out about us?

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Please tick which days of the week you are interested in:

Mon		Tue		Wed		Thu		Fri	
am	pm	am	pm	am		am	pm	am	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your child attends another setting please provide details below.
