



**REGISTRATION FORM.**

OFSTED require us to keep a record of each child. Details on this registration form are confidential and are kept on file, only to be used in an emergency.

Name of Child ..... D.O.B. ....

Name of Parent/Carer .....

Address .....  
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Post Code ..... Tel. No. ....

Place of Work. .... Tel. No. ....

Doctor's Name .....

Address .....

Post Code ..... Tel. No. ....

Child's Nationality. .... Child's Religion. ....

If there are any special events you wish pre-school to celebrate, please see a member of staff or a committee member.

Child Immunised (*Please Tick*)      Yes (  )      No (  )

Any other medical condition that may affect the child at Pre-school e.g. Allergies, Sight, Hearing, Asthma (if so please give details).

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