

Date of registering -----

Frederic street pre-school

Registration form

Please make sure that you bring a copy of your child's birth certificate when registering.
Thankyou

Child's name -----**age at registration**-----

Address -----

-----**telephone number**-----

D.O.B.-----

HOME LANGUAGE-----

Child's ethnic origins-----

Parents' names-----

Place of employment-----

----- **Telephone number**

Any other persons with parental responsibility Sect 2 children's act 1989

Name and address of a contact, if you are unavailable, who would be willing or allowed to collect your child in case of illness.

Telephone number-----

Special dietary requirements

Allergies	Owing to religious beliefs

FREDERIC ST. PRE-SCHOOL
REGISTRATION FORM

Has your child been immunised against

	<u>DIPHTHERIA</u>	TETANUS	WHOOPING COUGH	BCG	MMR	POLIO
Y/N						

Does your child suffer with any of the following

	Asthma	Eczema	Fits	Sickle cell	Other allergies				
Y/N									

Any other relevant health information

Name of doctors -----

tel:-----

Anything else you wish to tell us about your child-----

Is your child on a waiting list for a nursery or other pre-school

If so which-----

WOULD YOU BE WILLING TO HELP IN THE PRE-SCHOOL PERIODICALLY? Y/N

I agree to my child being seen by a health visitor at the group ? Y/N

I agree to my child being seen by a Doctor in the event of an emergency? Y/N

I give permission for my child to have their photograph taken Y/N

I give permission for my child to be taken on local visits ie shops or library (1 adult per 3 children) Y/N

SIGNED ----- DATED -----