

# NEWTON SUDNEY PRE SCHOOL REGISTRATION FORM.

Name of child	Date of Birth
Address	Tel. No
	Mobile No
Post Code	Work No.

Please also supply the following information	
Parent(s) with parental responsibility -names	
Next of kin contact numbers ie fathers work which will be used only in emergencies	
Name	Tel No
	Mobile No

If any other person is to collect your child on a REGULAR basis i.e. childminder/grandparent please state their names and contact numbers	
Name	Tel No
Name	Tel No
It is vital you inform Pre School if anyone else is to collect your child at any time. Children will not be allowed to leave the premises unless information is received in writing. The above may be contacted if we are unable to contact parents if child is unwell.	

Personal details of child
Does your child have any special needs- which may include health ,diet allergies, food intolerances and any current medical or developmental issues.
Please state immunisations your child has received
Please state your Doctors name address and telephone number

To ensure continuity of care for your child toilet training should be discussed with the manager

Children are cared for in line with expressed parental wishes with regard to religion. Culture, languages social and family values and practices.

Parents comments

Please add any other relevant information or concerns here –please also inform us of any changes in your child’s life or circumstances which may affect them

Sessions you would like for your child – your requests will be discussed with the Manager prior to starting date as will the fees and funding application

Mon          Tues          Wed          Thu          Fri          ( 9am-12noon)

please circle days preferred .

If your child is to attend another pre school or nursery please state which

