



Jack and Jill Pre-school



Registration Form

Family Name Sex

Child's Names Date of Birth

Address

Phone No.

Parents or carers

Names.....

Please supply your email address if you are happy to be contacted this way.

If we need to contact someone and there is no one at the above address, please indicate where we could reach parents or other carers.

Name

Address

Phone No.

Name

Address

Phone No.

This information is for Pre-School records only.

Name of child's doctor

Address

Phone No.

Has your child been immunised against the following?:

Diphtheria	Whooping Cough	Hibs
Tetanus	Polio	Measles

To protect your child, contact your GP practice to check their immunisations are up-to-date before they start pre-school.

Is your child allergic to anything or has a medical condition we should be aware of?

Our group has a special needs policy. Does your child have a special need you would like to discuss with staff?

Is there anything else about your child (e.g. cultural or religious) or a fear or phobia that you think we should know, in order to provide all round care?

Please circle preferred sessions:-

Mon. Tues. Wed Thurs Fri am (all ages)

Mon Wed Thurs pm

(Pm sessions available from the Sept. prior to starting Primary school)

Are you willing to help on the parent's rota? Yes/No

Signature of Parent/Carer

To register your child, please return this form to:-
Jack and Jill Pre-School,
Village Hall, Burley Road, Bransgore, BH23 8AY.
Tel: 01425 673903

Any queries contact: Marianne Eldridge 01425 673665

Source: Website