



## Registration Form

Family Name ..... Sex .....

Child's Names ..... Date of Birth .....

Address .....

Phone No. ....

Parents / carers Names.....

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

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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 .....

Name of child's doctor .....

Address .....

Phone No. ....

Has your child been immunised against the following?:

Diphtheria	Whooping Cough	Hibs
Tetanus	Polio	Measles

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	(all ages)
9-12	9-12	9-12	9-12	9-12	
9-12.30	9-12.30	9-12.30	9-12.30	9-12.30	
9-3	9-3	9-3	9-3	9-3	

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

Signature of Parent/Carer .....

Please return this form to Jack and Jill Pre-School, Village Hall, Burley Road, Bransgore, BH23 8AY. Or the Registration Secretary, Mrs Marianne Eldridge 07736 320941