



Pound Hill Pre-School Registration Form.

Child's Details	
Name of child	Male / Female
Address	
Postcode	
Date of birth	
Religion	
Language Spoken	1 st 2 nd
Parent Name(s)	
Home Telephone Number	
Work/Mobile Number	

Health Details	
Name of Doctor	
Address	
Postcode	
Telephone number	
Has your child been immunised? If no please state which she/he has missed.	YES / NO
Has your child had any serious illnesses to date, please specify.	
Allergies Please state any other allergies	Plasters, Bee stings, Nuts. (please delete if not applicable)
Other relevant information that our staff may find useful (Attach a separate sheet if required).	

Sessions	
Please circle the sessions you would prefer your child to attend and underline any sessions that you would be willing to accept as alternative choices.*	Monday Tuesday Wednesday Thursday Friday
*We make every effort to allocate your preferred choices, however this may not always be possible.	

Agreement
I agree to the conditions of attendance and realise that my help will be needed to keep this pre-school running. Where possible, taking part in the following activities: Parent's Rota(once a term, parents, carers and grandparents all welcome), Fund raising , committee.

Signed:..... Date:.....

A copy of all policies and procedures are available on request. Please return this form to the registration secretary at the address below.