**Registration Form – Preston Nursery School
Preston Village Hall, School Lane, Preston, Hertfordshire SG4 7UE
01462 438985** [**prestonnurseryschool@googlemail.com**](http://prestonnurseryschool@googlemail.com)

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| **Child’s full name:** |  |
| **Child’s date of birth:** |  |

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| --- | --- | --- |
| Parents’ or Guardians’ names: | Mother/guardian  | Father/guardian |
| Address: |  |  |
| Home phone number: |  |  |
| Mobile phone number: |  |  |
| Email address: |  |  |
| Workplace(s): |  |  |
| Work telephone number(s): |  |  |

|  |  |
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| Doctor’s name: |  |
| Doctor’s address: |  |
| Doctor’s telephone number: |  |
| Has your child any medical conditions we should know about? E.g. asthma, allergies, seizures, diabetes ? |  No Yes – Details.... |
| Has your child any dietary needs we should know about? |  No Yes – Details.... |
| Tick sessions requested | Mondays am pm | Tuesdays am pm | Wednesdays am pm | Thursdays am pm |

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| Starting date requested: |
| Signature:  Date: |