

Registration Form – Preston Nursery School

Preston Village Hall, School Lane, Preston, Hertfordshire SG4 7UE

01462 438985 prestonnurseryschool@googlemail.com

Child's full name:	
Child's date of birth:	

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

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 ?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Details....			
Has your child any dietary needs we should know about?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Details....			
Tick sessions requested	Mondays <input type="checkbox"/> am <input type="checkbox"/> pm	Tuesdays <input type="checkbox"/> am <input type="checkbox"/> pm	Wednesdays <input type="checkbox"/> am <input type="checkbox"/> pm	Thursdays <input type="checkbox"/> am <input type="checkbox"/> pm

Starting date requested:
Signature: _____ Date: _____