**Registration Form – Preston Nursery School**

**01462 438985 prestonnurseryschool@googlemail.com**

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

|  |  |
| --- | --- |
| Parents or Guardians name: | Mother/guardian Father/guardian |
| Address: |  |
| Home telephone number: |  |
| Mobile telephone number(s): |  |
| 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?  Eg asthma, allergies, or diabetes | | No Y 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 |

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