**Registration Form – Preston Nursery School**

**01462 438985 prestonnurseryschool@googlemail.com**

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| **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 |

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