

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	<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:	