

REGISTRATION FORM

**The Glebe Pre-School,
Stanton Road, Stapenhill
Burton-on-Trent, Staffordshire. DE15 9RR**



Affiliated Member of the Pre-School Learning Alliance

CONFIDENTIAL

Please Use BLOCK CAPITALS

Childs Name Date of Birth

Address.....

Post Code

Home telephone..... Emergency number

Doctor's Name & Address

.....Telephone

Allergies (if any)

Has your child been immunised against:-	Tetanus	Yes	No
	Diphtheria	Yes	No
	Whooping Cough	Yes	No
	M.M.R.	Yes	No

Parent (s)/Carer (s) Full Name (s)

Are there any details about your child that might help pre-school? (e.g. prolonged illnesses, spells in hospital, fears etc)

.....
.....

I give permission for my child to be taken out by staff
(For example to the Playground, Shopping, etc.) Signed..... Date

I give permission for observations to be made and recorded of my child's progress in pre-school to enable his/her individual needs to be met.
Signed Date

I give permission for photographs of my child to be taken for pre-school displays, newspaper articles and advertising purposes.
Signed Date

I give permission for my child to receive emergency treatment and/or have an ambulance called immediately should a situation arise that is considered to be of a life threatening nature.
Signed Date

Where did you hear about the Pre-School?

You will be notified as soon as a vacancy occurs when your child nears two and a half years. Once your child's name is on the waiting list, please notify us if you no longer need the place or leave the area. This can save us time when planning the new intake. Thank you. If you have not heard from us when your child has reached two and a half, please contact us on 07989 036843.

Please complete and return this form to Pre-School