Poppets Pre-School Registration Form **(please print)**

Childs’ Name................................................................................... Date of Birth...............................................

Home Address.....................................................................................................................................................

Postcode...................................................... Home tel. no. ................................................................................

Mobile number ............................................................. / ...................................................

Parent Information; My Mummy is ................................................My Daddy is ..............................................

Mothers contact details whilst child at group

Fathers contact details whilst child at group

In an emergency group to first contact Name.............................................. Tel no ........................................

2nd Emergency Name.......................................................................... Tel no ....................................................

Doctors name and address and tel. No...........................................................................................................

Allergies/ Health Concerns.......................................................................................................................

Emergency Procedure If an emergency should arise and we are unable to contact you, do you give your permission for a member of staff to escort your child to a medical facility for immediate treatment?

 Yes No (tick one)

Signed Parent or Guardian..................................................................................................................................

Immunization dates............................................................................................................................................

I accept the place offered to my child and agree to abide by the conditions stated above and in the parental agreement. All agreed sessions incur fees whether your child attends or not.

Preferred sessions Preferred start date School Intake

Mother (print name and sign).............................................................................................................................

Father (print name and sign)..............................................................................................................................

**Please note: When registering your child we are required to see their birth certificate as a condition of claiming government funding. Birth certificate verified by...............................................(staff member)**

We welcome you and your child to ‘Poppets’ and look forward to working in partnership with yourselves as your child continues their learning journey.