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

Childs’ Name.........................................................................

Child’s preferred pronouns……………………………………….. Date of Birth...............................................

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

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

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

Persons who hold parental responsibility ……………………………………………………………………………………………………..

Relationship to child …………………………………………………………………………………………………………………………………….

Address if different from child’s…………………………………………………………………………………………………………………….

Emergency contact details whilst child at group (names and contact phone numbers)

1st contact: Name/ relationship to child.......................................................... Tel no ...............................

2nd contact: Name/ relationship to child.......................................................... Tel no ................................

Doctors name, address and tel. no....................................................................................................................

………………………………………………………………………………………………………………………………………………………………………

Dentists name, 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?

(tick one) Yes No 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

Parent/ Carer (s) print name and sign........................................../.....................................................

Preferred pronouns…………………….

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

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