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Hartwell Preschool Playgroup
Hartwell Community Centre
School Lane, Hartwell, NN7 2HL
E-Mail: Hartwellplaygroup@live.co.uk
Charity No: 1029388



REGISTRATION FORM

Child's Name (in full):

Name known as: Gender (male or female)

Date of Birth:

Parents/Carers Name(s) with whom your child lives:

Does this parent have parental responsibility? Yes/ No

Address:.....

.....

Home Telephone Number: Mobile:

Email Address:

If applicable: Name of parent with whom your child does not live:

Address:

Home Telephone Number: Mobile:

Does this parent have legal access to your child? Yes/No

Emergency Contact Details:

Telephone 1:

Telephone 2:

Does your child have any allergies, special dietary needs, or preferences?

How would you describe your child's ethnicity or cultural background?

.....

What is the main religion in your family?.....

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

.....

Please return this form to: Keira Cox, Hartwell Pre School Playgroup, Hartwell Community Centre, School Lane, Hartwell, NN7 2HL. Email: Hartwellplaygroup@live.co.uk

.....
What language(s) is/are spoken at home?

Does your child have any special needs or disabilities? Yes/No
If so, please give details:

Are there any other Professionals working with your child? Yes/No
If yes. please state their names and contact details

Does your child have a CAF/ TAF in place? Yes/No

Is there any special support that he/she will require in our setting?

Doctors Name:.....

Telephone:

Address:

Health Visitors Name:

Telephone:

Address:

Has your child had their 2 year check? YES/NO

Has your child been immunised against the following:

DIPHTERIA: YES/NO TETANUS: YES/NO MEASLES: YES/NO RUBELLA: YES/NO

POLIO: YES/NO WHOOPING COUGH: YES/NO MUMPS: YES/NO

Is there anything you would like to discuss in private with the Group Leader before the child starts at Pre School? YES/NO If Yes, the Group Leader will contact you.

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Session Choices

Which Sessions would you prefer your child to attend, while we will endeavour to make sure you get the days you would prefer this is not always possible.

IMPORTANT NOTE A MINIMUM OF 2 SESSIONS PER WEEK MUST BE BOOKED

Morning 9.15- 12.00	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Lunch 12.00-12.45	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Afternoon 12.45- 3.15	<input type="checkbox"/> Monday		<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

Please note: children must be 3 years old to attend Wednesday afternoon and Monday sessions are only for those starting school the following September.

What date would you like your child to start Pre School?

Please note your child(ren) must be 2 years and 6 months of age before their start date.

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. Generally sessions for the next academic year in September are allocated in May/June. Please note that completion of this form does not guarantee a place for your child.

If you no longer require a place, please inform us via email as soon as possible.

A donation of £15 is very much appreciated with your registration form to secure your child's place and to cover administrative costs.

Please give any other relevant information below:

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.....
.....

Signature(s).....Date:.....

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