



Carey Hall Preschool

REGISTRATION FORM



CHILD'S FIRST NAME(S) _____

CHILD'S SURNAME _____

CHILD'S DATE OF BIRTH _____

ADDRESS _____

HOME AND MOBILE NUMBERS _____

EMAIL ADDRESS _____

IMMUNISATION DATES _____

HEALTH/MEDICAL NEEDS AND/OR CARE PLAN _____

SPECIAL EDUCATIONAL NEEDS _____

ALLERGIES _____

DOCTORS NAME AND ADDRESS _____

DOCTORS TELEPHONE NUMBER _____

NAMES OF PARENTS/CARERS WHO CHILD LIVES WITH AND HAS PARENTAL RESPONSIBILITY

NATIONAL INSURANCE OR NASS REFERENCE NUMBERS OF PARENTS/CARERS for EYPP (see overleaf)

DATES OF BIRTHS OF PARENTS/ CARERS _____

TWO ADDITIONAL CONTACT NAMES AND TELEPHONE NUMBERS OF RELATIVES OR FRIENDS

1. _____

2. _____

I give my consent:

- That if parents/carers are uncontactable that staff can seek emergency medical advice & treatment.
- To be photographed for our wall displays and their Learning Journals.
- For sun cream (provided by you) to be applied by staff for sun care reasons.
- For Students to observe.
- For plasters to be applied if needed to prevent risk of infection.
- That a password and or photo ID is needed if someone else is picking up my child
- For staff to take my child to go for a local walk- eg: Supermarket, Library or the Post Box

PRINT AND SIGN NAME: _____

START DATE: _____ **REQUIRED SESSIONS:** _____

PLEASE PROVIDE AN ORIGINAL BIRTH CERTIFICATE AND PROOF OF ADDRESS OF THE CHILD