



Humpty Dumpty Pre-School

humptydumptypre-school.co.uk

The Scout Hut, Eastfield Lane, Hightown,

Ringwood BH24 1UR

Reg. Charity No. 1027798

Ofsted Reg. No. 109840

Member of the Pre-School Learning Alliance

REGISTRATION FORM

Please complete this form with as much detail as possible. If you require any further space, please use the box at the end of the form with reference to the question number.

Please note a £20 registration fee is payable – this will be refunded when your child begins to attend

1. Child's full name: _____

2. Nationality: _____

3. Gender: _____

4. Date of Birth: _____

5. Address: _____

6. Mother's name: _____

Address (if different from above) _____

email: _____

Tel No: _____ Work No: _____ Mobile No: _____

7. Father's name: _____

Address (if different from above) _____

email: _____

Tel No: _____ Work No: _____ Mobile No: _____

8. Who has parental responsibility for this child? _____

9. Does any person not have legal access to your child? _____ Name: _____

10. Please supply names and addresses of people authorised to collect your child. It may be necessary to contact them should any emergency arise and we are unable to contact you.

Name: _____ Tel/Mobile No: _____

Address: _____

Name: _____ Tel/Mobile No: _____

Address: _____

Name: _____ Tel/Mobile No: _____

Address: _____

(Please notify us of any changes – no child will be released to an unauthorised person)

11. Name of child's Doctor: _____ Telephone No: _____

Dr Address: _____

12. Name of Health Visitor (required for statutory progress check) _____

13. Has your child been immunised against :

Diphtheria? _____ Whooping Cough? _____ Tetanus? _____

Measles? _____ HIBS? _____ Polio? _____

14. Is your child allergic to anything? If yes, please give details. _____

15. Has your child had any major illness/ operation? _____

16. Has your child any on-going health problems? Eg. Asthma/epilepsy/diabetes . If yes, please give details. _____

17. Does your child have any special needs which you would like to discuss with the staff?

18. Does your child attend another pre-school or nursery? If yes, please give details _____

19. When will your child start school ? At which school do you intend to place your child? _____

20. Please provide your child's birth certificate as proof of age.

21. Special requests/requirements about religious observance, food, clothing, health or other matters, which we should observe in our pre-school.

22. Background information on your child which may help us to settle them into pre-school (eg. Any fears, any brothers or sisters, pets, any special words for everyday things, such as the toilet, any recent family events which may have affected your child.

23. Which days would you like your child to attend Humpty Dumpty Pre-School?

Prior Parental Consent

The pre-school will always attempt to contact the person(s) named who has/have parental consent and responsibility. If this person cannot be contacted, and the pre-school considers it necessary, emergency/medical aid/hospital/doctor will be sought.

Please give your consent:_____Print Name:_____

The pre-school requires your consent to share information directly with other relevant professionals (e.g. speech and language specialists, health visitors, special needs) if it considers it beneficial to your child's development.

Please give your consent:_____Print name:_____

