



Jack's Pre-school

Barwick and Stoford CP School, South View, Barwick, Yeovil, Somerset, BA22 9TH

Telephone: 01932 413925/476736

OFSTED REGISTRATION NUMBER: EY481792

REGISTRATION FORM

Child's Name	
Date of Birth	
Parents / Guardians	
Home Address	
Postcode	
Home Tel Number	
Work Tel Number	
Mobile Tell Number	
Email	
Siblings' Name	
Siblings' Age	
Religion	
Any Other Information	

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MEDICAL INFORMATION

Doctor's Name	
Surgery Address	
Telephone Number	
Health Visitor's Name and Number	

What has your child been immunised against? (please tick)

Measles		Mumps	
Polio		German Measles	
Tetanus		Whooping Cough	
Diphtheria		MMR	

Additional Information

Does your child have any special needs?	Please provide details:
Does your child have any allergies?	Please provide details:
Does your child have any specific fears?	Please provide details:
Does your child have any special names for anything?	Please provide details:
Has your child been in hospital recently?	Please provide details:
Does your child have any physical disabilities?	Please provide details:
Does your child suffer from Asthma or Eczema?	Please provide details:

ADMINISTRATION

Childs Name:

Sessions Required (please tick):

(am: 9am-12pm; pm: 12pm-3pm you will need to send in a packed lunch; all day: 9am-3pm you will need to send in a packed lunch)

	am 9am-12pm	pm 12-3pm	All day 9am-3pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

When would you like your child to start?.....

(Please note we will need all documentation before this date)

Mid-Morning Snack and drink:

Drink: Milk Water

I agree to pay £1.00 per week snack contribution:

(we will ask for this half termly)

OR

I agree to provide a fruit snack for my child each morning session:

Signed:

Date:

Please list any food allergies your child has -

Signed Date

Print Name

Additional Contact Information

Place of Work

As well as your work contact number, it is a requirement for us to have the name of your place of work (Please note this is for emergency purposes only)

Place of Work

Phone Number

Address

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Alternative emergency contact numbers of persons who can collect your child (this will be used if we are unable to make contact with you)

1.

Name	
Relationship	
Telephone Number	

2.

Name	
Relationship	

