LITTLE TINKERS

Scocus Barn, Five Ashes, TN20 6JJ

Tel: 01825 830772

Email: tinkerslittle@yahoo.co.uk

# REGISTRATION FORM

## PERSONAL DETAILS

Please complete in block capitals where possible - Thank you

Childs Name:

Child’s Sex: Male\Female\*

Date of Birth: \_\_\_\_\\_\_\_\_\\_\_\_\_

Parents Name/s:

Home Address

 Post Code

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone number: STD Code \_\_\_\_\_\_\_\_\_ number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency telephone number: STD Code \_\_\_\_\_\_\_\_\_ number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-resident parent’s name and address (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone number: STD Code \_\_\_\_\_\_\_\_\_ number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency telephone number: STD Code \_\_\_\_\_\_\_\_\_ number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Religion: Nationality:

Ethnic group: First Language:

Family Doctor - name and address

 Telephone no:

Health Visitor Name and Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of other setting attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you happy for us to contact them? Yes/No

REQUIRED ATTENDANCE DAYS AND TIMES

Please enter the days and times required each week:

Monday from am/pm to am/pm

Tuesday from am/pm to am/pm

Wednesday from am/pm to am/pm

Thursday from am/pm to am/pm

Friday from am/pm to am/pm

Starting Date ………………………………………

REGISTRATION FEE £30 ENCLOSED: YES\NO\* (Cheques made payable to E Hanna Ltd)

Please can we have a copy of your Childs birth certificate

Please indicate whether you would be happy for any photographs taken of your child to be used in either front of hall displays or on the prospectus. YES/NO

### MEDICAL STATUS

If your child has any allergies, please enter details below:

If your child is taking any medicine, please enter details below:

Are your child’s immunisations up to date? YES\NO\*

Please enter any further points that you think may be helpful:-

In case of a medical emergency I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give Mrs Hanna or her deputy permission to act on my behalf. I also give permission for sun cream that I have supplied to be re applied by the staff.

Please sign below to accept the terms and conditions stated in our prospectus and policies.

Signed: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date . . . . . . . . . . . . . . . . . . . .

Parent\Guardian\* \*Delete as applicable