



REGISTRATION FORM

PUPIL INFORMATION

Childs legal names:

Childs preferred name:

Town/Province:

Full Address:

Gender:

☐

Male

☐

Female

Medical Concerns

☐

Yes

☐

No

(If yes please provide medical information below :)

PARENTS/GUARDIANS INFORMATION

Mother/Guardian full names *(if applicable)*

Home Address

Relationship to child

Mobile Number

Email

Father/Guardian full names *(if applicable)*

Home Address

Relationship to child

Mobile Number

Email

How did you hear about Oaktoddles Acorn Nursery & Preschool