REGISTRATION FORM CHECKENDON PRE-SCHOOL

CHILD’S FIRST NAME(s)………………………………………………….SURNAME……………………………………………………

NAME USED IF DIFFERENT FROM ABOVE……………………………………………………………………………………………

GENDER………………………………………………………..DATE OF BIRTH……………………………………………………………

BIRTH CERTIFICATE SEEN? YES/NO (delete as appropriate)

ETHNICITY…………………………………………………….NATIONALITY………………………………………………………………..

MAIN LANGUAGE(s) SPOKEN 1)……………………………..…2)……..………………………..3)……………………………......

CHILD’S FULL ADDRESS………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………….POSTCODE………………………………….

HOME TELEPHONE NUMBER……………………………………………………………………………………………………………….

PRIMARY EMAIL ADDRESS (to be used for correspondence)…………………………………………………………………………………………………………………………………

FAMILY DETAILS

NAME OF PARENT(S) / CARER(S) WITH WHOM THE CHILD LIVES………………………………...........................

…………………………………………………………………………………………………………………………………………………………….

NAME(s) OF SIBLINGS/ FAMIILY MEMBERS WITH WHOM THE CHILD LIVES…………………………………………

…………………………………………………………………………………………………………………………………………………………….

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CONTACT DETAILS 1

* PARENT/CARER FULL NAME……………………………………………………………………………………………………
* RELATIONSHIP TO CHILD………………………………………………………………………………………………………...
* DAYTIME/WORK TELEPHONE…………………………………MOBILE…………………………………………………..
* HOME TELEPHONE………………………………………………………………………………………………………………….
* HOME ADDRESS……………………………………………………………………………………………………………………..
* ……………………………………………………………………………………………………………………………………………….
* WORK ADDRESS………………………………………………………………………………………………………………………
* ……………………………………………………………………………………………………………………………………………….

DOES THIS PARENT/CARER HAVE PARENTAL RESPONSIBILITY FOR THE CHILD? YES / NO (delete as appropriate)

DOES THIS PARENT/CARER HAVE LEGAL ACCESS TO THE CHILD? YES / NO (delete as appropriate)

(Continued on next page)

REGISTRATION FORM CHECKENDON PRE-SCHOOL.

CONTACT DETAILS 2

* PARENT/CARER FULL NAME……………………………………………………………………………………………………
* RELATIONSHIP TO CHILD…………………………………………………………………………………………………………
* DAYTIME/WORK TELEPHONE………………………………….MOBILE………………………………………………….
* HOME TELEPHONE………………………………………………………………………………………………………………….
* HOME ADDRESS………………………………………………………………………………………………………………………
* ……………………………………………………………………………………………………………………………………………….
* WORK ADDRESS………………………………………………………………………………………………………………………
* ……………………………………………………………………………………………………………………………………………….

DOES THIS PARENT/CARER HAVE PARENTAL RESPONSIBILITY FOR THE CHILD? YES / NO (delete as appropriate)

DOES THIS PARENT/CARER HAVE LEGAL ACCESS TO THE CHILD? YES / NO (delete as appropriate)

CONTACT DETAILS 3

* PARENT/CARER FULL NAME……………………………………………………………………………………………………
* RELATIONSHIP TO CHILD…………………………………………………………………………………………………………
* DAYTIME/WORK TELEPHONE…………………………….…MOBILE…………………………………………………….
* HOME TELEPHONE………………………………………………………………………………………………………………….
* HOME ADDRESS………………………………………………………………………………………………………………………
* ……………………………………………………………………………………………………………………………………………….
* WORK ADDRESS………………………………………………………………………………………………………………………
* ……………………………………………………………………………………………………………………………………………….

DOES THIS PARENT/CARER HAVE PARENTAL RESPONSIBILITY FOR THE CHILD? YES / NO (delete as appropriate)

DOES THIS PARENT/CARER HAVE LEGAL ACCESS TO THE CHILD? YES / NO (delete as appropriate)

OTHER PERSON(s) WITH LEGAL CONTACT

FULL NAME………………………………………………………………………………………………………………………………………….

FULL ADDRESS……………………………………………………………………………………………………………………………………..

……………………………………………………………………………………………….POSTCODE………………………………………….

CONTACT TELEPHONE NUMBER(s)………………………………………….MOBILE………………………………………………

EMAIL ADDRESS…………………………………………………………………………………………………………………………………..

RELATIONSHIP TO CHILD……………………………………………………………………………………………………………………..

CONTACT ARRANGEMENTS……………………………………………………………………………………………………..............