

## KIRTLINGTON PRE-SCHOOL REGISTRATION FORM

CHILD'S SURNAME	
FORENAMES (S)	
CHILD'S PREFERRED NAME	
DATE OF BIRTH	
NATIONALITY	
ADDRESS (LINE ONE)	
ADDRESS (LINE TWO)	
POST CODE	
HOME TELEPHONE NUMBER	
MOBILE NUMBER	
EMAIL ADDRESS	
FATHER'S FULL NAME	
PLACE OF WORK	
WORK TELEPHONE NUMBER	
MOTHER'S FULL NAME	
PLACE OF WORK	
WORK TELEPHONE NUMBER	
EMERGENCY CONTACT NAME (if parents/guardians can't be contacted)	
ADDRESS	
TELEPHONE NUMBER	
RELATIONSHIP TO CHILD	
FAMILY DOCTOR	
TELEPHONE NUMBER	
Please list any health problems, disabilities, allergies, dietary requirements etc. Please include any hearing/speech difficulties, asthma, eczema etc.	
Please list any siblings already attending pre-school or school. Also, any family/home information you feel relevant e.g. new baby.	

## IMMUNISATIONS

Please confirm your child has received the following immunisations:

AGE DUE	IMMUNISATION	DATE GIVEN
2 months	DTap/IPV/Hib & PCV & MenB & Rota	
3 months	DTap/IPV/Hib & PCV & MenC & Rota	
4 months	DTap/IPV/Hib & PCV & MenB	
12-13 months	Hib/MenC, PCV, MenB, MMR	
3 years 4 months	DTap/IPV or dTap/IPV & MMR	
Annually from 2 years	Influenza Vaccine	

## PERMISSIONS

Please list below the names of those persons permitted to collect your child from Kirtlington Pre-School.

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Should your child require emergency medical treatment normally requiring parental consent in your absence, it is important that Pre-School staff are able to act in loco parentis

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**PARENT/GUARDIAN SIGNATURE** **DATE**

From time to time, we may take the children on a nature walk in the area around the grounds.

Please indicate by signing below that you give permission for these visits.

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**PARENT/GUARDIAN SIGNATURE** **DATE**

## REGISTRATION FEE

I enclose a non-refundable registration fee of £25.00. Please make cheques payable to Kirtlington Pre-School or for BACS payment please use the following details:

**Kirtlington Pre-School**  
**Sort Code: 09-01-55**  
**Account Number: 45888808**

Please use the following as your payment reference: *Registration Fee - Child's Name.*

I agree to abide by all the terms, conditions and policies of Kirtlington Pre-School and will inform the Pre-School immediately of any changes to the information given on this form.  
I agree to give one terms notice before removing my child or that in lieu thereof, I am liable to that terms fees. I will notify the Pre-School if I want to withdraw my child's name from the waiting list or if I decide not to accept the place offered.

.....  
**PARENT/GUARDIAN SIGNATURE**

.....  
**DATE**

**PLEASE RETURN COMPLETED FORM TO:**  
**THE PRESCHOOL ADMISSIONS OFFICER**  
**C/O KIRTLINGTON CE SCHOOL, HEYFORD ROAD, KIRTLINGTON, OX5 3HL**  
**(01869) 350210**  
**OR VIA EMAIL TO:**  
[kirtlingtonpreschool@outlook.com](mailto:kirtlingtonpreschool@outlook.com)