**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.

………………………………………………………………………… ………………………………………………………………

………………………………………………………………………… ………………………………………………………………

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

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

**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.

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

**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: 40-35-34**

**Account Number: 74230450**

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)