



All Cannings Pre-School

REGISTRATION FORM

Full legal name of child	
Name by which your child likes to be called if different	
Date of birth	
Names of all adults with Parental Responsibility and relationship to the child	
Home Address (including postcode)	
Home telephone number	
Address of any adult with parental responsibility if different	
Mobile telephone number(s)	
Email address(es)	
Other emergency contacts – name(s) and telephone number(s)	



Your child's first language	
Other languages spoken at home	
Ethnicity	
Name, address and telephone number of your child's GP	
Name and address of your child's dental surgery	
Name and telephone number of your child's Health Visitor (if known)	
Has your child had all the routine childhood vaccinations? Please provide details. Please inform us when your child has further immunisations.	
Does your child have any medical conditions / allergies which may require special attention at the Pre-School? If yes, please give details If prescribed medication needs to be given on a regular basis, please give written authorisation stating dosage, method of administering the medication and any other specific instructions.	YES/NO
Has your child had any major illness/operation, or been in hospital recently? If yes, please give details.	YES / NO
Are you happy for your child to drink cow's milk at snack time?	YES / NO
Is there any background information about your child which may help us to understand him/her for example: brothers or sisters, pets, special words used (e.g. for the toilet), any fears, any recent family events which have affected your child?	



Do you have any special requests/requirements about religious observance, food, clothing, health or other matters which we should observe in the Pre-School?

Has your child previously attended another setting, or will your child also be attending another setting? If yes, please provide the setting name, address and name of key person/manager.

YES/NO

Are there any current safeguarding issues related to your child? For example, is a social worker working with your family? If yes, please give details. You may attach details separately and all information will be stored confidentially.

YES/NO

If your child is collected by a friend or relative, staff will ask for a password as chosen by you. Please indicate your chosen password. It is your responsibility to give this password to those you wish to collect your child.

*Please be aware that you are responsible for keeping all this information updated. Please notify preschool of any changes via email.

Which sessions do you wish to book for your child? (Subject to availability)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 9am-12noon					
Lunch 12-1pm					
Afternoon 1-3pm					Closed
Signature of parent/carer			Date		

PLEASE RETURN THIS FORM EITHER TO PRESCHOOL OR BY EMAIL TO info@allcanningspreschool.co.uk