



PIPPIN'S PRE-SCHOOL

Childs Surname First Names.....
Date of Birth

Parent/GuardianRelationship to child.....
Address

.....Telephone Number.....
Parents place of Employment
Parents Work NumberMobile Number

Name, address and telephone numbers of other parent/carer to be known to Pippins Preschool (in case of emergency)

.....
.....Relationship to child.....

Which of these parents/guardians does the child normally live with?
Who has parental responsibility? Who has legal contact (parents)

Doctors Name
Address

.....Telephone Number

Has your child been immunised against: (please tick as appropriate)

DiphtheriaWhooping cough Tetanus..... Polio Measles Hib

Does your child have any special health requirements?

Does your child have any allergies?

Any toilet problems?

Does your child drink milk or water?

Does your child attend any other Playgroup/childminder? (by signing this form you agree to sharing information with other playgroup/childminder)

Is your child on a waiting list for a Pre School group?

When will your child start school? Which school?.....

Has your child been in hospital recently?

If Yes, please state cause of hospitalisation

Do you give permission for a member of staff to give first aid in the event of an emergency?.....

Is there any other information that you think we should know about your child?

Sessions required

Signed Dated

Forms and payment (please make cheques payable to Pippins Preschool) can be sent to: Trudi Tobutt, Pippins Preschool, Appleshaw Village Hall, Hampshire SP11 9AA

Registration Fee £35 Received by..... (signed)
(date).....