

ACTON BRIDGE PRE-SCHOOL ASSOCIATION

(Registered Charity Number 1036595)

Acton Bridge Parish Rooms, Hill Top Road, Acton Bridge, Cheshire, CW8 3RA

Telephone: 01606 854711

Supervisor: Mrs Birgitta Sjokvist

Registration Form

Please complete this form fully (in BLOCK CAPITALS) and return it, together with your £10 registration fee to reserve a place. This fee is non-refundable. Any change of address or any other details must be given IMMEDIATELY to the supervisor to enable the records to be kept up to date.

Child's full name(s) _____

Date of Birth _____

Address _____

_____ Post Code _____ Tel No _____

Parent(s)/Guardian(s) Full Name(s) 1) _____

2) _____

Address if different from above _____

Home Tel No _____ Business Tel No _____

Contact in case of emergency of Parent(s)/Guardian(s) are not available:

Name _____

Address _____

_____ Tel No _____

Relationship to child e.g. Aunt/Grandparent/Friend _____

Doctor's Name/Address/Tel. No. _____

Dentist's Name/Address/Tel. No. _____

Child's National Health Number _____

Child's Health Problems/Special Needs/dietary needs etc.

Has your child been vaccinated against the following (please tick where applicable)

Diphtheria	1	2	3	4 th Diphtheria (pre-school booster)
Whooping Cough	1	2	3	
Tetanus	1	2	3	
Mumps/Measles/Rubella	1	2		
Polio	1	2	3	
H.I.B.	1	2	3	

Days preferred (minimum of 2, please tick where applicable)

Monday Wednesday Thursday Friday

Who will collect your child from Pre-School?

Day of the week Name/address/Tel. No. Relationship to child

Monday _____

Wednesday _____

Thursday _____

Friday _____

Any changes to these instructions to be authorised by: _____ (print name)

Date child is expected to start Primary School _____

Name and address of Primary School _____

Name(s) and date(s) of birth of younger sibling(s) _____

I do/do not consent to my child going on outings with the Pre-school

Signed Parent/Guardian _____ date _____

I do/do not give permission for photographs to be taken of my child during Pre-School sessions and on outings

Signed Parent/Guardian _____ date _____

I do/do not give my permission for any emergency treatment to be carried out on my child if he/she is presented at hospital by any member of Pre-School duty staff

Signed Parent/Guardian _____ date _____