



REGISTRATION FORM

CHILD'S FULL NAME _____

Date of Birth ____/____/____

Male / Female _____

Date on which you would like your child to start in pre-school

____/____/____

CHOSEN PRIMARY PHONE NUMBER TO CONTACT PARENTS _____

PRIMARY EMAIL _____

MOTHER/GUARDIAN _____

Address _____

phone: 1st _____, work _____

FATHER/GUARDIAN _____

Address _____

phone: 1st _____, work _____

Has child had any other pre-school or crèche experience? _____

Does child understand and communicate in English? Y/N (if not what language _____)

Special / additional needs

Does your child suffer from any medical conditions or allergies? If so, please outline details and any special requirements:

Does your child suffer from any physical disabilities? If so, please outline details and any special requirements:

Does your child suffer from any hearing and/or speech difficulties? If so, please outline details and any special requirements:

Does your child have any specific dietary requirements: _____

Any additional information _____

Does your child have any allergies? Yes [] No [] If Yes, Please Fill In the Form Below

What is the child allergic to?

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