

Benenden Pre-School

Telephone: 01580 714901
www.benendenpreschool.co.uk info@benendenpreschool.co.uk

Registration Form

Please complete in Capital Letters, and return to the Supervisor with your deposit of £20.00
- There will be a corresponding reduction of £20.00 in your first Term's fees.

Child's Name: Date of Birth:

Name of Applicant(s): ¹ Parental Responsibility?

Mother/Guardian: ²YES/NO

Father/Guardian: ²YES/NO

(¹ Parental Responsibility: a) Named on Birth Certificate, b) Married to mother at birth, c) Parental Responsibility Agreement/Order)

Child's normal Address:

Post Code (*important*): Tel.No: Email:

Emergency daytime telephone numbers with contact names:

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Names of Adults authorised to collect your child:

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Days on which you would like your child to attend:.....

Date on which you would like your child to start Pre-school:.....

School to which your child expects to transfer (if known):.....

Child's ethnicity: Language spoken:

Religion (so that we may take any special days into account):.....

Do you give permission:

1) for us to seek emergency medical advice/treatment in an emergency?²YES/NO

2) for us to apply sunscreen to your child (only if supplied by you)?²YES/NO

3) for your child to go on occasional outings, possibly driven by other parents? ...²YES/NO

4) for photos of your child to be used within the setting and on our website?²YES/NO

Has your child been immunised against Tetanus?²YES/NO

Is there any further information about your child which you think the Supervisor should know,

such as dietary requirements, allergies, asthma, etc.?

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(² Please delete as applicable)

I(we) agree to abide by the terms as set out in the Prospectus.

Signed by ¹Applicant(s) named above: Date:.....

(¹ must have "Parental Responsibility" - see above)