



Helmdon Acorns Preschool Registration Form

Section 1: Personal Details

Please provide the personal details of the child that you are registering and the legal parent or guardians.

Child

Forename(s) of child:

Surname of child:

Date of birth:

Full address:

Postcode:

Parent/Carer 1

Full Name:

Relationship to child:

Full address:

Postcode:

Daytime/work tel:

Home:

Mobile:

E-mail Address

Parent Carer 2

Full Name:

Relationship to child:

Full address (if different):

Postcode:

Daytime/work tel:

Home:

Mobile:



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Section 2: Emergency Contact Details

In the unlikely event that we cannot reach you in an emergency, please provide the details of alternative contacts below.

Emergency Contact 1

Name:

Relationship to child:

Daytime Tel:

Home:

Mobile:

Emergency Contact 2

Name:

Relationship to child:

Daytime Tel:

Home:

Mobile:

Section 3: Medical Details

Please give details of your child's medical and vaccination history.

Doctor's Surgery:

Doctor's Name:

Doctor's Address:

Postcode:

Are any health professionals (e.g. speech therapist) involved with your child? YES NO

If yes, please give details:

Does your child have a disability? YES NO

If yes, please give details:



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Does your child have any allergies or intolerances? YES NO

If yes, please give details:

Has your child had their 2 year check with a Health Visitor? YES NO

Is your child up to date with their immunisations? YES NO

Was your child born pre-term? YES NO

Section 4: Additional Details

Please provide any additional information that we may need below.

Nationality: _____

Main language at home: _____

Religion, if any: _____

Does your child have a social care worker? YES NO

If yes, please give details:

Name of Social Care worker: _____ Contact Number: _____

Reason for involvement: _____



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Section 5: Session Request

Preferred start date:

Please tick the sessions you would like your child to attend:

Morning 9-12 Monday Tuesday Wednesday Thursday Friday

Lunch 12-12:30 Monday Tuesday Wednesday Thursday Friday

Afternoon 12:30- 15:00 Monday Tuesday Wednesday Thursday Friday

Signed parent/carer (1):

Date:

Signed parent/carer (2):

Date:

Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.