

Toad Hall Nursery School- Registration Form

Child's Name:

Sex: M / F

Date of Birth: / /

Mother's details

Father's Details

Name:

Address:

Tel - Home:

Work:

Mobile

Emergency contact:

First language:

Other Languages:

Religion:

Ethnic origin:

Occupation:

GP's Name:

Address:

Telephone no:

Health Visitor:

Telephone no:

Relevant Health Information:

Allergies/Dietary requirements;

Permission to attend school outings: YES/ NO

Proposed date of leaving Toad Hall:

I agree to the conditions of entry and understand that it is necessary to give one term's notice before withdrawing my child.

I also agree to allow my child, if necessary, to be administered emergency medical treatment.

Signed:

Date: