

Toad Hall Nursery School – Registration Form

Child's Name: _____ Sex: M / F Date of Birth: / /

Mother's details

Father's details

Name:

Address:

Telephone – Home
- Work
- Mobile

First language:

Other language:

Religion:

Ethnic origin:

GPs name:

Address:

Telephone number:

Health Visitor:

Tel. 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 care.

Signed: _____ Date: