



Sandringham Pre-School

A great place to be two

SANDRINGHAM PRE-SCHOOL REGISTRATION FORM

Please answer all the questions on the form. Please circle your answer where appropriate.

INFORMATION ON CHILD

Child's First Name

.....

Child's Surname

.....

Known as

Male / Female Date of Birth

Home Address

.....

.....

.....

Postcode.....

Has your child recently arrived in the UK? YES NO

If yes, please give the date they arrived

Country of birth

.....

Does your child speak and understand English? YES, NO, A LITTLE

Religion

How do you travel to school? WALK, CAR, BUS, TRAIN (Please circle)

Dietary Requirements HALAL, VEGETARIAN, OTHER

Have you any other children our school?

Name

Class.....

Name Class

.....

Name Class

.....

MEDICAL INFORMATION

Doctor's name:Tel

No:.....

Doctor's Address

.....

.....

.....

Does your child have a medical condition that we should we know about? YES / NO

If YES - please give further details

.....

.....

.....

Does your child have a physical disability? YES / NO

If YES – please give details

.....
.....
.....

Does your child have any Special Educational Needs? YES / NO

If YES - please give more details

.....
.....
.....

Does your child have any allergies? YES / NO

If YES – please give more details

.....
.....
.....

INFORMATION ON HOME & FAMILY

Mother's Name

.....

Country of birth Date of Birth

.....

Home Tel No Work Tel No

Mobile No

Email address

.....

Home Address

.....
.....
.....

* NATIONAL INSURANCE
NUMBER.....

Father's Name
.....

Country of birth Date of Birth

Home Tel No Work Tel No

Mobile No

Email address
.....

Home Address
.....
.....
.....

* NATIONAL INSURANCE
NUMBER.....

*** This information is mandatory. If you do not have a NI number, please write
NONE.**

Parental Responsibility for child MOTHER, FATHER, BOTH, OTHER (please circle)

If other, please give details of carer
.....

.....
.....

If cared for by a Local Authority, please give more detail

Position of child in family: 1 2 3 4 5 6 7 8 9 out of

EMERGENCY CONTACTS

Please give details of friends or relatives that we could contact in the event of an emergency.

1.

NAME.....

..

ADDRESS

.....

.....

.....

TEL NO: Mobile No:

.....

RELATIONSHIP TO CHILD

.....

LANGUAGE SPOKEN

.....

2.

NAME.....

..

ADDRESS

.....

.....

.....

TEL NO: Mobile No:

.....

RELATIONSHIP TO CHILD

.....

LANGUAGE SPOKEN

.....

3.

NAME.....

...

ADDRESS

.....

.....

.....

TEL NO: Mobile No:

.....

RELATIONSHIP TO CHILD

.....

LANGUAGE SPOKEN

.....

