

MUNCHKINS PRE-SCHOOL
ENROLMENT

Confidential

Surname or Family Name.....

Forenames or Given Name.....

Name he/she would like to be called by.....

Siblings.....

Home Address.....

.....Postcode.....

Date of Birth.....

Full name of Parents/Carers.....

Telephone:

Home.....

Daytime/work.....

Mobile.....

E-Mail.....

Which of these parents/carers does your child normally live with?

Both Mother Father Other

Name and address of person who will be collecting your child:

.....

.....

Telephone:

Home.....

Daytime/Work.....

Mobile.....

Name and address of local emergency contact:

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Telephone:

Home.....

Daytime/Work.....

Mobile.....

Name and address of your child's doctor (GP)

.....Postcode.....

Telephone.....

Please give any other information you feel our staff should know about your child..

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.....

The password scheme, password only known to you, staff and the person authorised to collect your child.

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I agree to the above named child receiving emergency medical treatment

Yes/No

I give permission of the above named child to take part in activities away from the setting; these may include visits to local places of worship

Yes/No

I wish my son/daughter to enter Pre-School at the beginning

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Sessions Required:

Monday.....Tuesday.....Wednesday..... Thursday..... Friday.....

Will your child be going to a maintained nursery school?
if so which one and when?

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I enclose a £50 enrolment fee of which 80% will be refunded if the settings terms and conditions have been met.

Signed/Parent/Guardian.....Date.....

Full Name BLOCK CAPITALS.....