



Registration form

Please fill in the below form about your child.

Full Name of child			
Name he is called at home			
Address			
Date of birth		Nationality	
Male/Female		Language spoken at home	
Does your child have any distinguishing marks?		Does your child have any allergies?	
Does your child have any on-going medication?		Does your child have any additional educational needs?	
Has your child had the following jabs?	8 weeks 12 weeks 16 weeks MMR Preschool booster TB	Toilet requirements	Potty Trained Nappies
Health visitors name/address of surgery			

Parents

Mother full name			
Occupation		Nationality	
Home/work tel		Mobile no	
Email Address			
Fathers full name			
Home/work tel		Mobile no	
Occupation		Nationality	
Email Address			

Please enclose a £50 non-refundable cheque made payable to The Babydrop Ltd to register your child at the preschool. Once the registration form is processed you will receive an email from us.

We will get back to all applicants in the January/February before they are due to start in the September to confirm their place.

Signature:

Date: