**Initial Registration form**

|  |  |
| --- | --- |
| Child’s Full Name |  |
| Preferred Name |  |
| Date of Birth |  |
| Gender at birth |  |
| Language/s spoken at home |  |
| Child’s Address and postcode |  |

**Parent/Legal Guardian Contact details (Where appropriate, clarification of the legal guardian is required)**

|  |  |
| --- | --- |
| Mr/Miss/Mrs/Ms | Name |
| Relation to child |  |
| Address (If different from the above) |  |
| Email |  |
| Mobile number |  |
| Does adult have parental responsibility? | Yes/No |

**Does/ will your child attend any other setting or childminders?**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Setting |  | | |
| Address |  | | |
| Date Started |  | Days attended |  |

**Funding code:**

|  |  |
| --- | --- |
| Funding Code number |  |
| Date funding to start |  |
| Please be aware funding comes in the term AFTER 2 or 3 year old, however Kennington pre-school will confirm funding start dates if unsure | |

**Medical Information**

|  |  |
| --- | --- |
| Does your child have any medical conditions that we need to be aware of? Please give details: |  |
| Does your child require a health care plan? |  |
| Does your child have care or mobility needs that may mean that they are eligible for or in receipt of disability living allowance? | Is your child registered disabled? Yes No |
| Do you have any concerns about your child’s learning and development? Please provide details: |  |
| Is your child known to have any allergies or food intolerances, please specify |  |
| What are your child’s dietary requirement? |  |
| Is there anything that you would like us to help you with or any further information that you would like us to know about your child? |  |

**Fees – Please see the website for current fees**

**Sessions Required.**

Please select which session you would like your child to attend by ticking the boxes above, a minimum of 3 sessions is required

Please confirm the date you would like your child to start………………………….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning  9.00 – 11.45 |  |  |  |  |  |
| Lunch  11.45 – 12.15 |  |  |  |  |  |
| Afternoon 12.15 – 3.00 |  |  |  |  |  |

**Please email completed form to:** [**kenningtonpre-school@outlook.com**](mailto:kenningtonpre-school@outlook.com)