

Registration Form



Your Child's Details

Name

Surname

Male/Female (delete as appropriate)

D.O.B

Address

Postcode

Home Telephone

Name of any other setting attended (i.e. Nursery, Childminder, other Preschool)

Your Child's Health

- Tick if your child has special educational needs
 - Tick if your child has a food allergy
 - Tick if your child has a medical condition
 - Tick if your child has a disability
- If you have ticked any of the above boxes, please supply us with further information.

We offer equal opportunities to all children and collect this information to ensure that we meet the individual needs of all children in our care.

Parent Details

Parent Name

Mobile Number

Email Address

- Tick if Primary contact

Parent Name

Mobile Number

Email Address

- Tick if Primary contact

Requested Sessions

Preferred Start Date

Please tick the boxes below for the sessions you would like to request. Your child will be placed on a waiting list for sessions that are currently full. You will be notified when they become available.

	9:00-11:30	11:30-12:45	12:45-3:15
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Tick here if you have no preference and are happy to accept available sessions.

Agreement

- I have disclosed all relevant information about my child.
- I will inform the pre-school if there are any changes to the information given on these forms.
- Your personal details will be kept confidential and will not be passed onto any third-party unless necessary for the safety of your child.
- This form registers your interest only and does not guarantee your sessions.

Parent's Signature Date

Print Name

The Next Steps

You will receive confirmation of your sessions in writing via email. A Parent Admission Pack will be sent to you the term before your child's start date.

If you would like to arrange a visit to view Hemyock Pre-school, please telephone Hemyock Primary school office on 01823 680240 or email hemyockpreschool@ventrus.org.uk with a preferred date.

Please visit our website www.hemyockpreschool.co.uk for further information about Hemyock Pre-school.

Parklands · Hemyock · Cullompton · Devon · EX15 3RY

Telephone: 01823 680240 · Email: hemyockpreschool@ventrus.org.uk

Manager: Denise Wood **Administration Team** Suzy, Sarah & Karen

Working in Partnership with



Hemyock
Primary School