

Stoughton Pre-School Registration Form



Child's Details

Surname:		First Name(s):	
Known As:		First Language:	
Nationality:		Second Language:	
Ethnicity:		Religion:	
Sex:	Male / Female	Date of Birth:	
Who lives in my house?			

Mother / Guardian Details

Name:		Main Carer: Yes / No
Home Address:		
Post Code:		
Home Tel No:		
Mobile Number:		
Email Address:		

Occupation:	
Employer Name:	
Work Address:	
Work Tel No:	

Father / Guardian Details

Name:		Main Carer: Yes / No
Home Address:		
Post Code:		
Home Tel No:		
Mobile Number:		
Email Address:		

Occupation:	
Employer Name:	
Work Address:	
Work Tel No:	

Emergency Contacts

Emergency contacts are persons authorised by you to collect your child by arrangement or if, for any reason, parent/guardian 1 or 2 are not contactable in an emergency situation. Emergency contacts must be over 16 years of age. For security purposes please provide a password that should be known to any persons authorised to collect you child from the pre-school.

Contact 1:

Name:	
Home Address:	
Post Code:	
Home Tel No:	
Mobile Number:	
Relation to Child:	
Password:	

Contact 2:

Name:	
Home Address:	
Post Code:	
Home Tel No:	
Mobile Number:	
Relation to Child:	
Password:	

Fees and Booking Pattern

We accept all forms of Government funding (FEET, 15 hrs and 30 hrs) for eligible 2 and 3 year olds. The use of funding can be used in any combination and can also be used to cover all of our charges, including breakfast and lunch clubs. We also work with all Voucher Scheme providers. If your child is not eligible for Government funding, or if you would like additional sessions, the charges listed below will apply.

Please tick the sessions you would like your child to attend. Please note that any child attending a full day must also attend Lunch Club on that day. We will try to accommodate your preference subject to vacancies. We will write to you once the Registration Form has been processed to confirm that your child has been added to our waiting list.

	Price	Mon	Tues	Wed	Thurs	Fri
Breakfast Club: 8:00am – 9:00am	£6.00					
Morning: 9:00am - 12:00pm	£18.00					
Lunch Club: 12:00pm - 12:30pm	£3.50					
Afternoon: 12:30pm – 3:30pm	£18.00					
Full Day: 9:00am - 3:30pm	£39.50					

Start Date:

Preferred Start Date:	
Age of Child at Start Date:	

Previous Care:

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Medical Details:

Doctors Name:	
Surgery / Practice:	
Address:	
Post Code:	
Tel Number:	

Immunisations and illnesses:

Please tick the boxes below to indicate if your child has been immunised against and/or suffered from any of the illnesses listed.

Illnesses	Immunised	Suffered From
Diphtheria		
Tetanus		
Whooping Cough		
Polio		
HiB		
Meningitis C		
MMR		
Measles		
Mumps		
Rubella		
Pneumococcal		
BCG		
Chicken Pox		
Scarlet Fever		
Any Other?		

Please give details of any special dietary requirements:

Please give details of any allergies:

Please give details of any medical conditions / treatments:

Please provide any other information that we should know about you child:

Registration Form Completed By:

Parent /Guardian 1	Parent / Guardian 2
Print Name: _____	Print Name: _____
Signed: _____	Signed: _____
Date: _____	Date: _____
Relationship to child: _____	Relationship to child: _____

Please ensure that a completed Registration Form, a signed copy of the Consent Form, a signed copy of the Pre-School Terms and Conditions and a non-refundable registration fee of £30 (no fee required for FEET Children) is sent to the below address. Cheques made payable to Stoughton Pre-School.

Stoughton Pre-School, 27 Johnston Walk, Guildford, GU2 9XR