



## Little St Matthias PRESCHOOL

### Registration Form

Child's first name :	
Child's surname :	
Child's date of birth:	
Child's gender:	
Home address:	
Name of first parent:	
First parent contact tel no:	
First parent email:	
First parent occupation:	
First Parent work address: (company and location)	
Name of second parent:	
Second Parent contact tel no:	
Second parent email:	
Second parent occupation:	
Second parent work address: (company and location )	

I wish to register my child for a place at the preschool indicated below. Please scan/return your completed form to [info@littlestmatthiaspreschool.co.uk](mailto:info@littlestmatthiaspreschool.co.uk)

Does your child have any known dietary or accessibility requirements?																																					
Child's GP name and surgery address:																																					
GP's contact telephone no:																																					
Anticipated actual start date ( not including the transition week)																																					
Please indicate preferred days of the attendance:	<table border="1"> <thead> <tr> <th></th> <th>Breakfast Club</th> <th>Whole day</th> <th colspan="2">Half Day</th> <th>After school</th> </tr> <tr> <th></th> <th></th> <th></th> <th>AM</th> <th>PM</th> <th></th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Tuesday</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Wednesday</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Thursday</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Breakfast Club	Whole day	Half Day		After school				AM	PM		Monday						Tuesday						Wednesday						Thursday					
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Please let us know how do you hear about our preschool?																																					
What is the most important thing to you about the care we provide for your child?																																					
<p>I understand that this form does not guarantee my child a place or hold me to accepting a place. I understand that places are offered on a first served basis up to three month in advance. I hereby give permission for you to send me relevant correspondence to any of the contact details we have supplied here. I understand you will not share my contact details with any third parties.</p>																																					
Signed:																																					
Full name:																																					
Date form completed:																																					