



School Bungalow, First Avenue, Dawlish, EX7 9RA Tel: (01626) 888709. Email: littles1@btconnect.com or admin@littleswans.co.uk Website: www.littleswans.co.uk

Registration Form

Please complete and return to the pre-school

Child's Information					
Surname:	Forename:	Middle Name:			
Known as/Other names used:	Address:				
Gender: Male/Female	Date of Birth:	Ethnicity:	Home Language:		
Parents Information					
(1) Parent/Guardian's name:				Relationship to child:	
Mobile Phone:	Work Phone:	Email address:			
(2) Parent/Guardian's name:				Relationship to child:	
Mobile Phone:	Work Phone:	Email address:			
When would you like your child to start pre-school?					
Is your child in receipt of any funding?			If yes, please state:		
YES/NO			<input type="checkbox"/> 2 year funding <input type="checkbox"/> 30 hours extended entitlement		
Please indicate which sessions you would like your child to attend:					
	8.30-9	9 -12	9 - 3	12 - 3	3-3.30
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Has your child any ongoing health problems, e.g. glue ear or asthma? Yes/No <i>If yes, please give details:</i>					
Does your child have any special needs or disability? Yes/No <i>If yes, please give details:</i>					
Does/has your child attend any other setting? Yes/No <i>If yes, please give details:</i>			Do you claim funding for your child at another setting? Yes/No Have you given notice at your child's other setting? Yes/No		

Name of professionals involved with your child	
<i>Agency</i>	<i>Phone No</i>
<p>This Registration places your child on our waiting list. We will contact you the term before your child is due to start. Please note that completion of this form does not guarantee a place for your child.</p> <p>Once your child is offered a place, further personal information and family details are required for our records. If you find that you no longer need the place, please inform us as soon as possible. Should you decide you no longer need the place we will not retain the details on this registration form (see our Privacy Notice).</p>	
Signed Parent/Carer (1) :	Date:
Signed Parent/Carer (2) :	Date:
Office use only:	Admin Pack sent: DOB evidence seen: Funding evidence seen (2year):