

# Registration Form

Child's Name .....  
Date of Birth ..... Gender: Male ☐ Female ☐ (please tick)

## Parent/s details with whom the child lives

Parent 1 .....  
Does this parent have parental responsibility? Yes ☐ No ☐ (please tick)

Parent 2 .....  
Does this parent have parental responsibility? Yes ☐ No ☐ (please tick)

Address .....  
.....

Home telephone number .....  
Email address .....

## Name of parent with whom the child does not live

Name .....  
Does this parent have parental responsibility? Yes ☐ No ☐ (please tick)

Address of this parent .....  
.....

Home telephone number .....  
Email address .....

Does this parent have legal access to the child? Yes ☐ No ☐ (please tick)

## Emergency contact details (we will try child's home no. first)

Parent 1 Mobile No. .... Work No. ....  
Parent 2 Mobile No. .... Work No. ....

## Two other emergency contacts

Name .....  
Known to child as .....

Tel No. .... Mobile No. ....  
Name .....

Known to child as .....  
Tel No. .... Mobile No. ....

**If your child is to be collected by anyone other than those listed opposite please give their details below and set a security password**

Regular collectors of child (must be over 16 years)

Name .....  
Relationship to child .....

Tel No. ....

Mobile No. ....

Password .....

## Medical Information

Child's Doctor ..... Tel No. ....

Address ..... Postcode .....

Has your child been immunised against the following? (please tick)

5-in-1 (DTaP/IPV/Hib)	<input type="checkbox"/>	PCV	<input type="checkbox"/>	Rotavirus	<input type="checkbox"/>	Men B	<input type="checkbox"/>
Men C	<input type="checkbox"/>	MMR	<input type="checkbox"/>	Flu	<input type="checkbox"/>	4-in-1 (DTaP/IPV)	<input type="checkbox"/>

Is your child allergic to anything? .....

Any major illness/operation/hospitalisation? .....

Any ongoing health problems? .....

Please tick the box if you would like to discuss any special needs requirements

☐ (please tick)

Ethnic origin ..... Religion .....

Any requests about religion or other matters we should observe? .....

Languages 1 ..... 2 .....

If English is not the main language, will this be your child's first experience of being in an English-speaking environment? Yes ☐ No ☐ (please tick)

Please return this form with the registration fee of £25.00 or contact us for a convenient time for you to visit. Please complete the table below indicating what your childcare needs are. We will also send you a playscheme booking form for each school break.

During School term time	MON	TUES	WED	THURS	FRI
Breakfast 8.00 -9.30am					
Drop at school (Please tick) Geddington Stanion					
Collect from school					
After School 3.00 - 6.00pm (please indicate approximate times)					

(Our admin staff will help you complete this form if required, please ask)

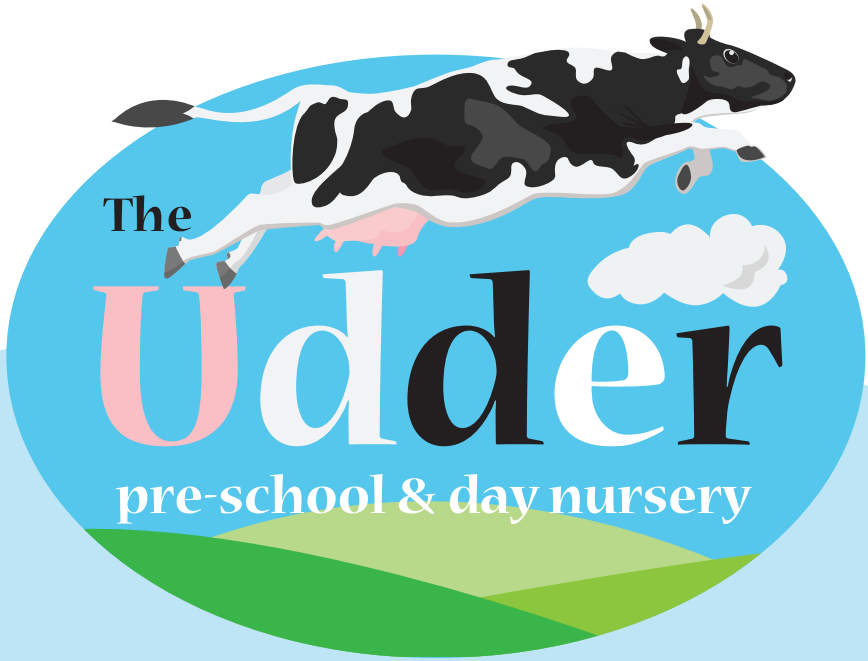
Thank you and we look forward to welcoming you and your family to Udders



Official use

Reg Fee Paid	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>
Uniform given	<input type="checkbox"/>	Bag given	<input type="checkbox"/>
Forms Received	<input type="checkbox"/>	Utility Bill	<input type="checkbox"/>

www.the-udder-preschool.co.uk



Out of School Club and Playscheme  
Registration Form

Full day care for children aged 1 to 13 years  
on a family run farm location

Owner/Manager: Mrs Lesley Harker  
Cobley Lodge Farm  
Little Oakley, Corby  
Northamptonshire  
NN18 8HE

Telephone: 01536 742293  
email: theudder@btconnect.com

www.the-udder-preschool.co.uk