



PRE-SCHOOL REGISTRATION FORM

Child's Name: Date of Birth:

Child's Preferred First Name:

Address:

Postcode: Home Phone No:

1. Parent/Carer Name:

Relationship to child:

Mobile No.: Work No.:

2. Parent/Carer Name:

Relationship to child:

Mobile No.: Work No.:

Email address for contact:

Please only use email addresses that are regularly checked.

Doctors Surgery: Phone No.:

Any known allergies? *(e.g. dairy, nuts, plasters, suncream)*

Does your child receive any special treatment or have any special needs?

(e.g. asthma, eczema, fits, convulsions e.t.c.)

Please indicate which contract you are interested in?

51 weeks a year Term-time only

Please indicate when you would like your child to start?

From 2¼ years old*¹ From 3 years old*²

*¹If you wish your child to start before their 3rd birthday (prior to them being eligible for the free entitlement), The Hollies Pre-school require a non-refundable £25 deposit, which will be deducted from your child's fees at the start of their first term. *²If you wish your child to start the term after their 3rd birthday (when they are eligible for the free entitlement), The Hollies Pre-school do not require deposit. Your child will be placed on The Hollies database and you will be contacted when your child is eligible to start. Sessions are booked for a whole academic year, starting from September. Session booking forms are distributed to all children on the database who will be eligible in any given academic year.

Please return this form and deposit to The Hollies Pre-school, c/o Liz Taylor, Hazelbadge Road, Poynton SK12 1HE (cheques made payable to 'The Hollies Pre-school')

Office Use:

Date received: _____

Deposit received: