

12. Immunisation Record: please tick

HIB                      MMR                      WHOOPING COUGH                      POLIO  
DIPHTHERIA                      TETANUS                      Date of last Tetanus Injection:.....

13. Allergies / Dietary - Give details:

.....  
.....

14. Are there any legal access requirements concerning this child?

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.....

15. Does the child have any problems that you feel Pre-School should know about?  
(Fears, Phobias Health or Behavior Problems)

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.....

**SESSIONS REQUIRED**

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>FULL DAY</b>	9.00 – 5.00	9.00 – 5.00	9.00 – 5.00	9.00 – 5.00	9.00 – 5.00
<b>SCHOOL DAY</b>	9.15 – 3.15	9.15 – 3.15	9.15 – 3.15	9.15 – 3.15	9.15 – 3.15
<b>MORNINGS</b>	9.00 - 12.00	9.00 - 12.00	9.00 - 12.00	9.00 - 12.00	9.00 - 12.00
<b>AFTERNOONS</b>	1.00 – 4.00	1.00 – 4.00	1.00 – 4.00	1.00 – 4.00	1.00 – 4.00

Breakfast club sessions are available from 7.30 am and extended hours until 5.30pm

Please tick your preferred sessions

If sessions are available when would you like your child to start? .....

Where did you hear about Busy Bees Pre-School?

.....

**SIGNED** .....

**DATE**.....

**Return to**  
**Lisa Brady (Manager)**  
**73 Allestree Lane**  
**Allestree**  
**Derby DE22 2HQ**  
**TEL: 07882 145051**  
**Email: [busybeesplaygroup@msn.com](mailto:busybeesplaygroup@msn.com)**