



## REGISTRATION FORM

1. Full Name of Child:.....

2. Date of Birth: .....

3. Birth Certificate Number:.....

4. Mother's Name: .....

Mobile: .....

5. Father's Name: .....

Mobile: .....

6. Address: .....

.....

Postcode: .....

7. Telephone No: Home: .....

Email: .....

8. Emergency Contact 1. ....

(Names and Numbers) 2. ....

9. First language if not English: .....

10. Ethnic Origin & Religion: .....

11. Name, Address & Telephone Number of G.P.:

.....

.....

Health visitors name and number:.....

12. Immunisation Record: please tick

HIB

MMR

WHOOPIING 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

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FULL DAY	9.00 – 5.00	9.00 – 5.00	9.00 – 5.00	9.00 – 5.00	9.00 – 5.00
SCHOOL DAY	9.15 – 3.15	9.15 – 3.15	9.15 – 3.15	9.15 – 3.15	9.15 – 3.15
MORNINGS	9.00 - 12.00	9.00 - 12.00	9.00 - 12.00	9.00 - 12.00	9.00 - 12.00
AFTERNOONS	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)