

st Oswald's Ladybirds Pre-school Ashbourne



St Oswald's Ladybirds Pre-school

Before filling in this registration form, please take note of the admissions criteria in the booklet or on the website. The waiting list is updated on the 1st of each month. We will contact you as soon as a place becomes available, not before.

CHILD'S FULL NAME

ADDRESS

.....

POSTCODE

DATE OF BIRTH

(NB: we will need to see an original birth certificate on your visit to ensure the date of birth is correct)

NAME AND ADDRESS OF PERSON/S WHO HAS/HAVE LEGAL PARENTAL/
GUARDIAN RESPONSIBILITY

.....

.....

.....

HOME TELEPHONE NUMBER.....

MOBILE NUMBER.....

EMAIL

EMERGENCY CONTACT DETAILS

NAME

PHONE

ADDITIONAL PARENT ADDRESS IF DIFFERENT TO THE ABOVE

.....

.....

.....

DOCTOR'S NAME & ADDRESS
.....

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS, HEALTH REQUIREMENTS?
.....
.....

ALLERGIES.....

PLEASE CIRCLE THE SESSIONS THAT YOUR CHILD IS ABLE TO ATTEND:

Monday AM. Tuesday AM. Wednesday AM. Thursday AM. Friday AM.
Monday PM. Tuesday PM. Wednesday PM. Thursday PM. Friday PM.

I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE ALL INFORMATION
GIVEN IN THIS FORM IS CORRECT.

SIGNATURE

PRINT NAME

DATE

PLEASE PRINT OUT AND COMPLETE THIS FORM THEN RETURN TO:

ST OSWALD'S LADYBIRDS PRE-SCHOOL
MAYFIELD ROAD
ASHBOURNE
DE6 1AS

www.stoswaldsplaygroup-ashbourne.co.uk
stoswaldsladybirds1@outlook.com

(FOR LADYBIRDS PRE-SCHOOL USE) FORM RECEIVED ON :

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