



FYFIELD VILLAGE PRE-SCHOOL REGISTRATION FORM

CHILD'S NAME:

DATE OF BIRTH:

Names and Addresses of Parents/guardians (person who has legal contact with the child and parental responsibility of the child):

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Home Telephone Number:

Email Address:.....

Daytime Telephone Number of Mother:..... Mobile.....

Daytime Telephone number of Father:.....Mobile.....

Emergency Telephone Number if neither parent can be contacted:.....

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People authorised to pick up your Child. Please include their relationships to the child and telephone contact details:.....

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Special Password to be used when picking up your child:

Preferred days (sessions) for your child:

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