**Waiting List Registration Form**

Thank you for contacting Beehive Pre-School Playgroup.

 We will contact you when a place is available for your child.

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| **Child’s details:** |
| Name: | Date of birth: | Sex: |
| Child’s first language: | Religion: | Ethnic origin: |
| Address: | Disability/access requirements: |
| **Preferred sessions:** (please tick preferred sessions) **PLEASE NOTE, WE ARE OPEN TERM-TIME ONLY**Beehive is open from 8am-5pm Monday-Thursday, and 8am-4pm on Friday. |
|  | *Monday* | *Tuesday* | *Wednesday* | *Thursday* | *Friday* |
| 8am-9am |  |  |  |  |  |
| 9am-12pm  |  |  |  |  |  |
| 12pm-1pm |  |  |  |  |  |
| 1pm-4pm |  |  |  |  |  |
| 4pm-5pm |  |  |  |  | *N/A* |
| Is your child eligible for 2 year old or 3-4 year old funding? If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Parent Details** |
| Name(s) of parents/carers holding parental responsibility: |
| Work address(es): | Phone number(s): | Email address(es): |
| Priority is given to the children of serving members of HM Forces. Please specify if a parent is a serving member of HM forces: Y/N |
| Additional adults authorised to collect child: |
| Name: | Relationship to child: | Phone number: |
| 1) |  |  |
| 2) |  |  |
| Emergency contact details: |  |  |
| Name: | Relationship to child: | Phone number: |
| 1) |  |  |
| 2) |  |  |
| **Medical information:** |
| Important medical conditions (e.g. allergies): | Injections received: |
| Dietary requirements: | Children’s Centre if registered: |
| Doctor’s name and address: | Dentist if registered: |
| Health Visitor’s name and date of last visit: | Toilet requirements: |
| Relevant illness history, including chicken pox: |