**Waiting List Registration Form**

Thank you for contacting Beehive Pre-School Playgroup.

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | | | | | | |