

REGISTRATION FORM FOR *SCHOOL / NURSERY

Date.....

Child's name.....* **Male / Female**

Date of birth

Address

Postcode Home telephone number

Name of parent/carer

Relationship to child Contact telephone number.....

Name of parent/carer

Relationship to child Contact telephone number.....

Last * school/ playgroup/nursery attended

.....Date left

Brother/sister in school **Class**.....
(name)

Children's Centre Registration Form completed * Yes / No