



## Pre-School Registration Form

### Child Details

First Name:		Gender:			
Surname:		Date of Birth:			
Preferred Name:		Nationality:			
Proposed date of entry:		Type of care (please circle)	Full Time All Year	2yr 9mths-3yrs Term Time Until funded	3-4+yrs Full Year Stretched
Name of Doctor					
GP practice and telephone number					
Home address:					
			Post Code:		
Does your child have any specific learning difficulties, special needs or medical conditions of any kind, including dietary requirements? <span style="float: right;">Yes or No</span>					
If Yes, please give details:					
Preferred sessions:	Monday	Tuesday	Wednesday	Thursday	Friday
Indicate times: <b>8-12, 12.30-4.30 or 8-4 (up to 6pm if required)</b>					

### Parent/Carer 1 Relationship to child ..... Parental responsibility YES/NO

First Name:		Occupation (optional): Place of work	
Surname:		Nationality:	
Address:	<i>(if different from above)</i>		
			Post Code:
Telephone Nos:			
Home:		Mobile:	
Work:		e-mail address: (optional)	

**Parent/Carer 2      Relationship to child .....      Parental responsibility YES/NO**

First Name:		Occupation (optional): Place of work	
Surname:		Nationality:	
Address:	<i>(if different from above)</i>		
		Post Code:	
Telephone Nos:			
Home:		Mobile:	
Work:		e-mail address: (optional)	

<p>Any other contacts/including telephone numbers It is your responsibility under GDPR, to inform them that we have their details &amp; that we may contact them in an emergency to collect your child if required. (Please state name and relationship to child)</p>	
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<p>Authorised people to collect your child: (Please state name, telephone number &amp; relationship to the child)</p>	
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**Notes**

Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the Centre at the time offers are made. When the offer of a place is made, the Acceptance of Place Form will be sent to parents to complete. When Parents accept the offer of a place, an acceptance deposit of £150.00 for all year children or £50.00 for term time children is required, payable to the Childrens Learning Centre. This deposit is refundable without interest from the final term's fees.

**Data Protection Declaration (the Centre's Data Protection and Privacy Statement can be found on the centre website)**

We request that the above-named child be registered at the Childrens Learning Centre as a prospective pupil. We understand the Terms and Conditions of the Centre will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the Centre. We also understand that the Centre (through the Managing Director, as the person responsible) may, in accordance with the provisions of the **General Data Protection Regulations** and the Data Protection Act 2017, obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child. We also understand that the Centre may contact us from time to time for the purpose of providing information about the Centre and its activities.

**Parents/Guardian Signature**

First Signature:		Second Signature:	
Name in full:		Name in full:	
Date:		Date:	