

**GOOSTREY PRE-SCHOOL**  
MAIN ROAD, GOOSTREY, CHESHIRE  
Charity Commission No, 1024467  
**GOOSTREY PRE-SCHOOL REGISTRATION FORM**

I wish to register:

Child's name : \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Parent/Guardian name : \_\_\_\_\_ Doctor's name : \_\_\_\_\_  
Address : \_\_\_\_\_ Doctor's tel no. : \_\_\_\_\_

Tel no. : \_\_\_\_\_  
Mobile no. : \_\_\_\_\_

Contact in case of emergency (other than above) :

Name : \_\_\_\_\_ Tel no. : \_\_\_\_\_  
Address : \_\_\_\_\_ Mobile no. : \_\_\_\_\_

Relationship to child : \_\_\_\_\_

Has your child an allergy, medical condition or dietary requirement which Pre-school staff should know about?

If yes then please give details : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If medicines/treatments have to be regularly administered, please give details below :

Medicine/treatment to be administered : \_\_\_\_\_

Which doctor has prescribed this? \_\_\_\_\_

What times during Pre-school hours should the medicine/treatment be given/applied?

I authorise \_\_\_\_\_ (Enter name of supervisor) to administer  
medicines/treatments as indicated above \_\_\_\_\_ (Signed by parent/guardian)

Other comments : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give details of your child's immunisation record below : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any cultural or religious needs that your family would like Pre-school to be aware of with regard to your child? \_\_\_\_\_  
\_\_\_\_\_

**Please inform staff of any changes to these details (e.g. Immunisations administered, changes to dietary requirements etc.) as they occur.**

I have read and agree to abide by the policies, procedures and requirements set out by Pre-school in the prospectus and policies and procedures document. I understand that Pre-school accepts no responsibility for any accidents which may occur in the vestibule before or after a Pre-school session. I accept that Goostrey Pre-school will be keeping information about my child and understand it will be used for Pre-school purposes only.

Signed : \_\_\_\_\_ Date: \_\_\_\_\_