ST ANTHONY'S PRE-SCHOOL



## **St Peter's Community Centre**

Holmes Avenue/Hangleton Road, Hove BN3 7LQ

Owner: Sophie Weal - sophie@stanthonyspreschool.co.uk

## REGISTRATION FORM (please complete in block capitals)

Registration Fee £45.00 by BACS which will be invoiced on receipt of completed form.

A copy of child's birth certificate will be required for Nursery Grant purposes and your completed "All About Me" form.

Name of Child:				Child's Da	ate of Birth	
Name of Parents: (or legal guardian)				Parents Da	ate of Birth	
					_	
Addresses of both Parents if different:						
Post Codes:		(Use Cap	Emails pital letters)			
Telephone Number of both Parents:			Name and Tele of 2 Emergency		er	
			National Insura	ince numbers		
Parent(s) Place of en applicable)	nployment (If					
Names and ages of c family	ther children in the					
Name and address o	f the family doctor					
Doctor's Telephone I	Number				Cod	e word for pick up:

What language is use	ed at home?		Na	tionality	
Religion					
Details of any serious requiring hospitalisat medication?					
Are there currently ar agencies involved wir eg Speech Therapy, S	th your child/family				
Any previous suppor agencies?	t from professional				
Any medical needs? dietary requirements					
Name and address of Allocated Centre?	f Health Visitor or				
and timings do you	Monday AM / PM / Both (please circle)	Tuesday AM / PM / Both (please circle)	Wednesday AM / PM / Both (please circle)	Thursday AM / PM / Both (please circle)	Friday AM / PM / Both (please circle)
and timings do you require?	AM / PM / Both	AM / PM / Both	AM / PM / Both	AM / PM / Both	AM / PM / Both
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