



PLEASE NOTE THAT WHEN REGISTERING YOUR CHILD THEY WILL BE PLACED ON OUR ADMISSIONS LIST IN DATE OF BIRTH ORDER.

REGISTRATION FORM

Name of child:	Male/Female
Date of birth:	
Names of parents:	
Home address:	
Contact telephone number:	
E-mail address:	

Health Visitor Name:

Tel No:

Have you any other children who have or are attending Twiggs Lane pre-school?

(please give their names) _____

COMPLETION OF THIS FORM DOES NOT GUARANTEE YOUR CHILD A PLACE AT TWIGGS LANE PRE-SCHOOL

Please return this form for the attention of the Registration Secretary via the pre-school.

Signed _____ Date _____

Pre-school use:

Date registration form received

Start date