



**LITTLE OTTERS PRE-SCHOOL REGISTRATION FORM.**

CHILDS NAME .....

DATE OF BIRTH.....

ADDRESS .....

.....

TELEPHONE NUMBER.....

PARENT/CARERS NAMES .....

.....

NAMES AND AGES OF SIBLINGS .....

.....

DOCTORS NAME AND TELEPHONE NUMBER .....

.....

IMMUNISATION STATUS .....

ALLERGIES/HEALTH PROBLEMS

.....

.....

SPECIAL EDUCATIONAL NEEDS

.....

.....

EMERGENCE CONTACT NAMES AND TELEPHONE NUMBERS .....

.....

VOLUNTEER FOR PARENT HELP DUTY YES/NO

MILK OR WATER AT SNACK TIME .....

PREFERRED SESSIONS MON a.m./MON p.m./TUE/WED/THUR/FRI a.m./FRI p.m.

LUNCH CLUB ATTENDANCE MON/TUE/THURS/FRI

INTENDED START DATE .....

(We may not always be able to offer you your preferred sessions initially. If this is the case we will let you know the alternatives available.)