



CHILD'S FULL NAME:

Child's address:

Name generally used:

.....

Date of birth:

.....

Ethnic origin:

Postcode:

Religion:

Home telephone:

Home language:

Does your child have any friends attending Chuckleberries?:

.....

What toys/activities is your child particularly interested in?:

.....

[We will endeavour to have this available on your child's first day.]

Do you have any family preferences?:

.....

[eg, religious festivals, avoidance of meat, etc]

Are there any reasons why your child should not be offered milk or water at snack time as your child will be able to choose?:

[If yes, please complete dietary needs on the medical form.]

Are there any further details about your child which you feel we should know about?:

.....

.....

.....

.....

Have you enclosed your child's original Birth Certificate?:

Yes

No

[We just need to have sight of this and it will be returned immediately.]

Signed:

Date:

Relationship to child: