



Treetops Preschool Group



Application Form

Child's Name: _____ Date of Birth: ____/____/____

Session Details:

When would you like your child to start at Treetops? _____

Preferred days: _____

Morning or Afternoon sessions? _____

Contact Details:

Names of Parents or Guardians: _____

Address: _____

Telephone Numbers: (Home) _____

(Mobile) _____

(Work) _____

Name of person who will collect the child: _____

Emergency Contacts (in the event that the parents are not available):

1) Name: _____ 2) Name: _____

Address: _____ Address: _____

Telephone number: _____ Telephone number: _____

Signature: _____ Signature: _____

Password: _____ Password: _____

General Details:

Ethnic origin: _____ Language spoken in family: _____

Religion (if any): _____





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Health Details:

Doctor's Name (in the event of an accident): _____

Practice Address: _____

Telephone number: _____

Health Visitor: _____

Telephone number: _____

Has your child been inoculated against the following (please tick):

Whooping cough? ____ Diphtheria? ____ Measles? ____ Polio? ____

Tetanus? ____

Does your child have any allergic reactions? _____

Does your child suffer from any health problems such as asthma, or epilepsy?

Please note the following:

- It is the parent's responsibility to inform us of any changes that may occur, such as telephone numbers, addresses, health, etc.
- Fathers cannot be excluded from collecting a child without a court order.
- We must insist that you put sun protection onto your child on hot, sunny days, before you leave them with us. Otherwise, the child will either have to stay indoors during the summer, or you will be asked to take them home!
- Please do not allow your child to bring toys to Treetops, as they inevitably get mixed up with ours, and lost. – A single comforter is fine, if absolutely necessary.
- All children must wear sensible shoes for playing in – no flip-flops, or high-heeled shoes, please.

I understand that two weeks notice is required of my child leaving during term time, or I will be liable for two weeks fees in lieu of notice.

Signed: _____ Date: ____/____/_____

