



**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_  
Registration fee paid? Y / N  
Receipt no.: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Leaving Date: \_\_\_\_\_

**Admissions Form**

Child's full name: \_\_\_\_\_ Known as: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male / Female (Circle)

Home Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Numbers (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Nationality: \_\_\_\_\_ Religious Beliefs: \_\_\_\_\_

First Language Spoken: \_\_\_\_\_

**Parent(s)/Carer(s)**

1) Name in Full: \_\_\_\_\_ Title: (Mr, Mrs, Ms) \_\_\_\_\_

Telephone (Work/Mobile): \_\_\_\_\_ Extension: \_\_\_\_\_

2) Name in Full: \_\_\_\_\_ Title: (Mr, Mrs, Ms) \_\_\_\_\_

Telephone (Work/Mobile): \_\_\_\_\_ Extension: \_\_\_\_\_

Preferred AM Sessions: (Please circle at least two)

MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY

When would you like your child to start Pre-School? \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your child have any special needs/allergies? (YES/NO)

If YES please give details here.

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ENCLOSE A £8 REGISTRATION FEE PAYABLE TO:  
Phoenix Pre-School**

**And return this form to 9 Ellmore Close, Romford Essex, RM3 7DA**

**This will hold your child's place.**