



**Squirrels Pre School CIO**

Hales Drive, Canterbury, CT2 7AB  
Telephone 01227 766 537  
[squirrelscenterbury@yahoo.co.uk](mailto:squirrelscenterbury@yahoo.co.uk)  
[www.squirrelspre-schoolcanterbury.co.uk](http://www.squirrelspre-schoolcanterbury.co.uk)

Registered by Ofsted **EY549510**  
Registered Charity **1173000**

Details Child

Full Name: .....  
Date of Birth: ..... Gender: Male / Female  
Position in family, eg 1<sup>st</sup>/2<sup>nd</sup> child: .....  
Name/age of siblings: .....  
Ethnic Origin: ..... Religion: .....

Contact details of Mother/Carer

Full Name: .....  
Address: .....  
.....  
.....  
Post Code: .....  
Home Tel No: .....  
Work Tel No: .....  
Mobile Tel No: .....  
Email: .....

Contact details of Father/Carer

Full Name: .....  
Address: .....  
.....  
.....  
Post Code: .....  
Home Tel No: .....  
Work Tel No: .....  
Mobile Tel No: .....  
Email: .....

**Note: the name and address of both parents is required**

Doctors Name: ..... Tel No: .....  
Address of Surgery: .....  
..... Post Code: .....  
Health Visitor's Name: ..... Tel No: .....  
Social Worker's Name: ..... Tel No: .....  
Do you have a CAF in place? Y/N  
If you have a CAF, who is the Lead professional? .....

**Office use only:**

Birth certificate number: ..... Place of birth: .....  
Seen by and confirming DoB & full name: ..... Date: .....

**Please circle which sessions you may be interested in?**

<b>Mon</b> 9.00-12	<b>Tues</b> 9.00-12	<b>Weds</b> 9.00-12	<b>Thurs</b> 9.00-12	<b>Fri</b> 9.00-12
<b>Mon</b> 12-3.00	<b>Tues</b> 12-3.00	<b>Weds</b> 12-3.00	<b>Thurs</b> PM CLOSED	<b>Fri</b> 12-3.00

**With whom does your child usually live?**.....

**Who has parental responsibility?** .....

**Who has legal contact?** .....

**Does your child attend another setting:** Yes/No

**If yes, which one and how often?:** .....

.....

**Do you speak another language with your child?** Yes/No

**If yes, which one:** .....

**Which is your child's first language?** .....

**Has your child been under specialist care for any reason:** Yes/No

**If yes, please give details:** .....

.....

Please give details if your child has any of the following:

**Are your child's vaccinations up to date:** Yes / No

**Was your child born prematurely?:** Yes / No

**If yes, please give gestational age:** .....

**Any dietary requirements:** .....

**Any known or suspected allergies or intolerances:** .....

**How do these allergies/intolerances affect your child?** .....

**Any Medical requirements:** .....

**Special Educational Need/Disability requirements:** .....

.....

**Any distinguishing marks:** .....

Please do not hesitate to make an appointment to arrange a visit

Thank you for registering with The Squirrels Pre-School.

Please return this form to:

**Squirrels Pre-School CIO, Hales Drive, Canterbury, CT2 7AB**

This document is stored securely.