



## Registration Form

### Your Child

Surname:	name:
Boy/Girl:	Date of birth:
Nationality(ies):	
First language:	Second language:

### Parent/Guardian No 1:

Surname:	Name:
Address:	
Nationality(ies):	Occupation:
First language:	Second language:
Tel home:	Tel work:
Mob tel:	Email:

### Parent/Guardian No2:

Surname:	Name:
Address:	
Nationality(ies):	Occupation:
First language:	Second language:
Tel home:	Tel work:
Mob tel:	Email:

Why would you like your child to attend 1.2.3. Soleil?

Which language(s) do you speak at home?

Parent/Guardian no1 with your child:

Parent/guardian no2 with your child:

Parent/Guardian no1 with Parent/guardian no2:

Children with each other:

Preferred method of contact:

Email/phone (delete as preferred)

Would you be interested to be added to the rota:

Yes (name)

No



I/we acknowledge that I/we have read, understood & agreed to the 1.2.3.  
Soleil's conditions of admission.

Signature(s):

Date:



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## Medical History Report

Name:	Date of Birth:
Address:	
Contact Numbers:	
Home:	Mother's mob:
Father's mob:	Others:
Name of Doctor:	Tel:

<p>1. Has he/she been fully immunised against:</p> <table><tr><td><input type="checkbox"/> Diphtheria</td><td><input type="checkbox"/> Hib meningitis</td><td><input type="checkbox"/> Measles</td></tr><tr><td><input type="checkbox"/> Tetanus</td><td><input type="checkbox"/> Meningitis C</td><td><input type="checkbox"/> Mumps</td></tr><tr><td><input type="checkbox"/> Polio</td><td><input type="checkbox"/> Whooping Coogh</td><td><input type="checkbox"/> Rubella</td></tr></table>	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hib meningitis	<input type="checkbox"/> Measles	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Meningitis C	<input type="checkbox"/> Mumps	<input type="checkbox"/> Polio	<input type="checkbox"/> Whooping Coogh	<input type="checkbox"/> Rubella
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hib meningitis	<input type="checkbox"/> Measles							
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Meningitis C	<input type="checkbox"/> Mumps							
<input type="checkbox"/> Polio	<input type="checkbox"/> Whooping Coogh	<input type="checkbox"/> Rubella							
<p>2. Has he/she any allergies, including plaster, hay fever, nuts...? Any treatment:</p>									
<p>3. Does he/she suffer from Asthma? Any treatment:</p>									
<p>4. Does he/she have any hearing or sight problems?</p>									
<p>5. Does he/she have any other medical problems, we should know about?</p>									

**Please note that no medication will be given to the children by the 1.2.3.Soleil staff.**



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## Emergency Contact details

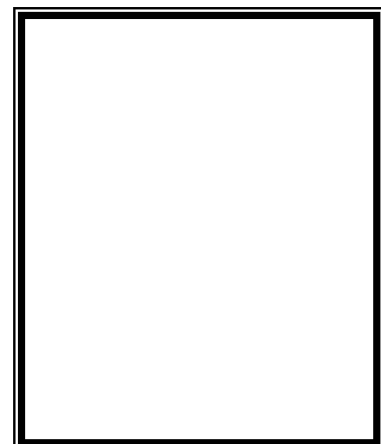
Please fill in this form in order that we can contact someone in case of a child being unwell or in an emergency.

Name:	Date of Birth:
Address:	
Postcode	
Contact Numbers:	
Home:	
Mother's work:	Mother's mob:
Father's work:	Father's mob:

### Emergency contact numbers:

Name:
Relation to child:
Telephone:
Mobile:
Name:
Relation to child:
Telephone:
Mobile:

Passport sized photograph  
of your child please





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## Photo Permission form

1.2.3. Soleil may wish to take photographs or images of children to share with the parents or to include into the school's promotional material.

1.2.3. Soleil needs parents' permission to do so.

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Name of child:

I/we do give permission for photographs or images of my child to be used by 1.2.3. Soleil.

(Please tick all that apply)

to feature in:

1.2.3. Soleil's promotional material.

1.2.3. Soleil's website

1.2.3. Soleil's album

or

to record the child's development

Signature:.....

Date:.....

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## Parent's rota form

Each term we compile a rota of parents who are willing to help at sessions. This normally works out about once a term.

If you would like to participate, please fill in the slip below.

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Name of child:

I/we are happy to be included onto the rota.

Signature:.....

Date:.....

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