



Registration Form

Your Child

Surname:	name:
Boy/Girl:	Date of birth:
Nationality(ies):	What class your child is currently attending?
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:
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Registration Form

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?
Language(s) spoken at home? Parent/Guardian no1 with your child: Parent/guardian no2 with your child: Children with each other:

Preferred method of contact: Email/phone
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: _____

Address: _____

Has he/she been fully immunised against:

Diphtheria Hib meningitis Measles
Tetanus Meningitis C Mumps
Polio Whooping Coogh Rubella

2. Has he/she any allergies, including plaster, hay fever, nuts...?
Any treatment: _____

3. Does he/she suffer from Asthma?
Any treatment: _____



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4. Does he/she have any hearing or sight problems?

5. Does he/she have any other medical problems, we should know about?

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 to contact someone in case emergency.

Child's Name:	
Address:	
Contact Numbers Home: Mother's work: Father's work:	Mother's mob: 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.

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:.....

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.

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

Signature:..... Date:.....