

LITTLE FOXES  
 Hunters Way  
 Cashes Green  
 Stroud  
 Gloucestershire, GL5 4UL  
 Tel: 01453 757251  
 Email: little.foxes@yahoo.co.uk

**REGISTRATION OF INTEREST**

Full name of child: .....Girl/Boy

Date of Birth: ..... Current Age: .....

Child's Address: .....

.....

<b>PARENT'S/GUARDIAN NAME PLEASE LIST MAIN CONTACT</b>	<b>PARENT/GUARDIAN NAME</b>
<b>Address if different from above</b>	<b>Address if different from above</b>
<b>CONTACT NUMBER(S) Email address-</b>	<b>CONTACT NUMBER(S) Email address-</b>

Other Family members:

Name: ..... Age: ..... Sibling:  Yes/No

Name: ..... Age: ..... Sibling:  Yes/No

Name: ..... Age: ..... Sibling:  Yes/No

If at school – which school do they attend? .....

Do you have your child's name on the waiting list at Foxmoor School:  Yes/No

Do you have your child's name on another school waiting list?  Yes/No

Ethnic Origin of child:

Black Afro Caribbean	<input type="checkbox"/>	Black Asian	<input type="checkbox"/>	White	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other – Please specify:							

Home Language(s) – it may be helpful to know which languages are spoken and written in the home and if translation would help communicate with parents. Languages spoken by the child should be recorded here:

.....

Any medical procedures forbidden by Family Religion: .....

.....

Name and address of Doctor	Name and address of Dentist
Telephone:	Telephone:

Other professionals involved with the family – e.g. Health Visitor, Social Worker:

Name	Occupation	Telephone number

Details of allergies, medical conditions, feeding difficulties, dietary restrictions or preferences or other ways in which the child may need special help from a member of staff:

.....

Current medication:.....

History of infectious diseases and immunisations, including Tetanus:

.....

Emergency Contacts (give two if possible)

Name	Address	Telephone	Relationship

*Does your Child attend another Setting- Yes/No Setting Name .....*

*We will contact you around your child's third birthday with regards to visits and sessions.*

***On full registration you will be required to complete a full medical form and a parental responsibility form***