



The ARK Pre-School

REGISTRATION FORM

CHILD'S DETAILS

SURNAME: _____ FIRST NAMES: _____

DATE OF BIRTH: _____

HOME ADDRESS: _____

TELEPHONE NO: (_____) _____

MOTHER'S DETAILS

SURNAME: _____ FIRST NAMES: _____

CONTACT NUMBER AND ADDRESS IF DIFFERENT FROM ABOVE: _____

TELEPHONE NO: (_____) _____

FATHER'S DETAILS

SURNAME: _____ FIRST NAMES: _____

CONTACT NUMBER AND ADDRESS IF DIFFERENT FROM ABOVE: _____

TELEPHONE NO: (_____) _____

DOCTOR'S DETAILS

DOCTOR'S NAME: _____

DOCTOR'S ADDRESS: _____

_____ TELEPHONE NO: (_____) _____

MEDICAL DETAILS

PLEASE GIVE DETAILS OF ANY INFECTIONS/IMMUNISATIONS RECEIVED BY YOUR CHILD:

PLEASE GIVE DETAILS OF ANY SPECIAL DIETARY OR MEDICAL NEEDS YOUR CHILD HAS:

PLEASE SIGN BELOW TO CONSENT FOR YOUR CHILD TO BE ADMINISTERED FIRST AID,
OR TO CALL ON MEDICAL ADVICE IN AN EMERGENCY.

SIGNATURE: _____

I WOULD LIKE TO APPLY FOR ADMISSION FOR _____ INTO THE ARK
PRE-SCHOOL FROM THE SPRING/SUMMER/AUTUMN TERM 20__*

I WOULD LIKE MY CHILD TO ATTEND ON THE FOLLOWING SESSIONS :

MONDAY	am	lunch	pm
TUESDAY	am	lunch	pm
WEDNESDAY	am	lunch	pm
THURSDAY	am	lunch	pm
FRIDAY	am	lunch	pm

(*Please circle as necessary.)

I AGREE TO THE TERMS AND CONDITIONS STATED IN THE PROSPECTUS AND ENCLOSE
A CHEQUE FOR £15 MADE PAYABLE TO CITYCOAST CHURCH IN RESPECT OF THE
REGISTRATION FEE WHICH IS NON-REFUNDABLE.

Also enclose copy of your child's birth certificate.

SIGNED: _____ PARENT/GUARDIAN

DATE: _____

PLEASE SEND TO :

THE ARK PRE-SCHOOL,
C/O CITYCOAST CHURCH, NORTH ST
PORTSLADE, EAST SUSSEX BN41 1DG
TEL: 01273 433433