



# Chearsley & Haddenham Under Fives Pre-School

Registered Charity Number 1019010

## Waiting List Form

Child's Full Name:	Setting Preference: Chearsley or Haddenham
Name Known By:	(Please delete as appropriate)
Child's Date of Birth:	Possible Start Date:
Child's Registered Doctor (Name, Address, & Contact Details):	
Medical Information (Any Important medical history or conditions e.g. Allergies)	

Name of Person(s) Holding Parental Responsibility:	
1 <sup>st</sup> Carer/Parent Name:	2 <sup>nd</sup> Carer/Parent Name:
Home Address:	Home Address:
Telephone Number:	Telephone Number:
Mobile Number:	Mobile Number:
Email Address:	Email Address:
Work Address:	Work Address:
Work Telephone Number:	Work Telephone Number:
This form collects your child's name & date of birth, as well as your name, contact numbers, addresses & email so that we can communicate with you. Please check our Privacy Policy to see how we protect & manage your data. By signing this form you are giving your consent for CHUF to collect & hold your details in line with our Privacy Notice.	
Form Completed by:	Relationship to Child:
Signature:	Date: