



Chearsley & Haddenham Under Fives Pre-School

Registered Charity Number 1019818

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:

1st Carer/Parent Name:

2nd 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:

Form Completed by:

Relationship to Child:

Signature:

Date: