

St Matthew's Pre-School

St Matthew's Parish Centre

71 Station Road

Redhill

RH1 1DL

Tel: 07972 059389

OFSTED inspected

PLEASE USE BLOCK CAPITALS

Child's First name(s) _____

Child's Surname / family name _____

Date of Birth _____ Sex - Male _____ Female _____

Home Address _____

Post code _____ Home telephone no _____

Email _____

Mobile 1 _____ Name _____

Mobile 2 _____ Name _____

Does the child have any **allergies /medical conditions or dietary requirements?**

Other professionals working with family (e.g. speech therapist, social worker, Welcare etc.)

Nationality and / ethnicity and Language / Languages spoken at home -----

Other children in family (names and ages please)

Will your child be staying at Pre-school until Reception class age? Yes___ No___

Parent's Name and Title (printed) _____

Signature _____ Date _____