



Registration Form

Please Complete all sections This information will only be used to contact you regarding session availability

Full Name of Child:

Address:

Postcode:Date of Birth

Please advise Full names of Parent (s)/Carer (s) and a contact telephone number

Title..... First Name Surname ☎

Title..... First Name Surname ☎

Email Address:(if applicable)

Is English your first language? Yes/NO

If no please advise your first language and if additional help is needed with forms or newsletters

Does your child have any medical conditions, special educational needs or phobias that we should be aware of Yes/No

If Yes, please provide more details, continuing overleaf if necessary

Do you have any additional needs ie help with completing forms, large print text etc. Yes/No

If Yes, please provide more details, continuing overleaf if necessary

Does your child have any special dietary or cultural requirements? Yes/No

If Yes, please provide more details, continuing overleaf if necessary

When would you like your child to start at Noah's Ark?

How many sessions/hours would you like your child to attend (subject to availability)

Will your child attend more than one pre-school/nursery provider? Yes/No

PLEASE KEEP US INFORMED OF ANY CHANGE TO THESE DETAILS

This form registers your interest only and does not guarantee you sessions within our group

I confirm that the details provided on this form are correct to date

Signed Date

PLEASE RETURN THIS FORM WITH A COPY OF YOUR CHILD'S BIRTH CERTIFICATE*

*or other official documentation showing their date of birth so we are able to verify their age.

Please return to:

Mrs Wendy Land (Manager)
Noah's Ark Preschool
Cullompton Baptist Church
High Street
Cullompton, EX15 1AA ☎ (01884) 839965

Or to register by e-mail, please send all the above details to :

noahsarkcullompton@icloud.com