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Headteacher  
Mrs L Mathie  
BA (Q.T.S.)  
N.P.Q.H.  
NASENCo

## Battling Brook Pre-School Registration Form

### Child's Details

Child's Forename: \_\_\_\_\_ Child's Surname: \_\_\_\_\_

Male or Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

### Family Contact Details

Name of Parent/Carer: \_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Does your child have a sibling at Battling Brook? Yes/No Name: \_\_\_\_\_

Please give details of any other information you would like to share with us, such as any additional or medical needs  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please note we only offer 30 hour placements**

**'Equality, Active learning, Community, Health & Happiness'**



Email: [office@battlingbrook.uk](mailto:office@battlingbrook.uk) Website: [www.bbroad.leics.sch.uk](http://www.bbroad.leics.sch.uk)

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