



5. Please indicate any other Pre-School/Nursery settings that your child will be attending alongside Acorn House Pre-School:
6. Medical conditions/circumstances which we need to be made aware of (please see Notes on Page 4 for extra information):

Name of Doctor:

Telephone:

Name of Health Visitor:

Telephone:

7. Future School :                      ECJS Reception:                       Starting Date:
- (at the age of 4)

Other:

***A separate registration form is required for entry into Elizabeth College Junior School.***

Tick one box only for each year.

<b>Wrens – Aged 2-3 years</b>	<b>* 5 Days</b>	<b>Mon/Wed/Fri</b>	<b>Tues/Thur</b>
Mornings 9.00 am –12.00 pm			
Full Days 9.00 am – 2.30 pm			
<b>Kingfishers – Aged 3-4 years</b>	<b>5 Days</b>	<b>Mon/Wed/Fri</b>	<b>Tues/Thur</b>
Full Days 9.00 am – 2.30 pm			

**\* Please note that we only offer a limited number of 5 day places in Wrens.**

8. Early registration is recommended. When registrations exceed available places, applications will be considered in the following order:
- Those who have registered for Reception at ECJS Acorn House.
  - Children of staff employed at the College.
  - Those who have brothers or sisters already attending the College.
  - Those who are sons or daughters of Old Elizabethans.
  - Chronological order of application to the school.

Please note that completion of this form enters your child's name on the registration list for Pre-School, it does not guarantee a place. Confirmation of places and sessions will be given two terms before the proposed entry date.

**9. Data Protection Statement**

The information on this form is required by the School for the purpose of administering the provision of education. The information is covered by the provisions of the Data Protection (Bailiwick of Guernsey) Law, 2017. Your signature to the form is deemed to be an authorisation by you to allow the School to process and retain the information on your child/ward. Information is collected and used in accordance with our Privacy Notice, a copy of which can be obtained from the College website ([www.elizabethcollege.gg](http://www.elizabethcollege.gg)) or in hard copy from the College at any time.

10. We request that the name of our above-named child be registered as a prospective pupil (a cheque for the non-refundable registration fee of £50.00 payable to Elizabeth College is enclosed). We understand that the Standard Terms and Conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. Current Standard Terms and Conditions are available on the College website or from the College.

**(Each of those with parental responsibility to sign and complete below)**

11. First Signature: _____	Second Signature: _____
Name in Full: _____	Name in Full: _____
Relationship to Child: _____	Relationship to Child: _____
Date: _____	Date: _____

***THIS IS NOT A REGISTRATION FORM FOR ELIZABETH COLLEGE. IF YOU WISH TO REGISTER FOR THE JUNIOR OR UPPER SCHOOL, IT IS NECESSARY TO COMPLETE AN ELIZABETH COLLEGE REGISTRATION FORM.***

**TO REGISTER FOR A PLACE FOR PRE-SCHOOL, PLEASE SEND THIS FORM TO:**  
ECJS Pre-School, Acorn House, King’s Road, St Peter Port, Guernsey GY1 1QB  
Telephone: 01481 724993      Email: [officepreschool@ecjs.gg](mailto:officepreschool@ecjs.gg)

**FOR OFFICE USE**

Date Received:	Wren Sessions:
Date Acknowledged:	Kingfisher Sessions:
Date entered on system:	Registration Fee Received <input type="checkbox"/>
Entered on iSAMS:	

# NOTES