ADMISSION FORM

Childs name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other names used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/carers details

|  |
| --- |
| Name |
| Relationship to child |
| Address if different from child |
|  |
|  |
| Contact Number |
| Work Address |
|  |
|  |
| Work Number |
| Mobile |
| Email:  |

Parent/Carers details

|  |
| --- |
| Name |
| Relationship to child |
| Address if different from child |
|  |
|  |
| Contact Number |
| Work Address |
|  |
|  |
| Work Number |
| Mobile |
| Email:  |

In cases of emergency please give the names of two people who we can contact should we not be able to reach you:

|  |
| --- |
| Name |
| Address |
|  |
| Number |

|  |
| --- |
| Name |
| Address |
| Number |

|  |
| --- |
| Name of Childs G.P |
| Address |
| Number |

|  |
| --- |
| Health Visitor |
| Contact Number |
|  |
| IMMUNISATIONS DATE |
|  |
|  |
|  |

Please list Dietary Requirements your child may have

Please provide us with a list of any known allergies your child may have

Do you speak to your child in another language, please give us details and key words they understand

If your child was not born in the UK, please give us details of where they were born, how long they lived there etc

What ethnic origin is your child

What religions is your child

Any other information you may wish to tell us about:

I.e special needs, fears, comforter, special words

CONSENT

Outings: please note separate consent form will be issued for large outings

Outings

|  |
| --- |
| The Enchanted Castle may organise outings for the children attending and would ask you to sign this consent form if you would like your child to attend such outings. I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_would/would not like my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend outings organised by the Enchanted CastleSigned: Date: |

First Aid

|  |
| --- |
| The Enchanted Castle may at some point need to administer first aid to your child; this will only be a qualified first aiderI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Would/would not like my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be given first aid Treatment within The Enchanted CastleSigned: Date:  |

Emergency medical Treatment

|  |
| --- |
| In cases of more serious accidents the Enchanted Castle Staff may need to take your child to hospital for emergency medical treatment. Every effort will be made to contact you before doing so,I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_would/would not like my Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be taken to hospital for  emergency medical treatment signed: Date: |

Administration of Medication (please see medication policy)

|  |
| --- |
| We are aware that some children may require long term prescribed medication, which we will only administer with the appropriate training from yourself or a health professional, we require you to always give written permission before we will administer any form of medication.I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have read the medication policy and agree to sign the relevant forms before instructing staff to issue any medication to my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_signed: Date: |

**Child Profile**

Please fill in with as much detail as possible about your child as this helps us to know their likes and dislikes to help them settle in well:

|  |  |
| --- | --- |
| Preferred name |  |
| Nursery pattern |  |
| Sleep pattern (inc max time allowed) |  |
| Does your child sleep in a set way? |  |
| Does your child usually have a comforter? (dummy, blanket etc) |  |
| How does your child communicate when they are hungry, want to go to the toilet, tired etc? |  |
| What food does your child enjoy? |  |
| What food does your child dislike? |  |
| What are your child’s eating habits (prefers breakfast, eats slowly etc) |  |
| Does your child have any allergies? |  |
| Does your child have any medical conditions that require special arrangements  |  |
| Do you have any specific concerns about your child’s behaviour |  |
| Do you have any specific concerns about your child participating in group activities  |  |
| Do you have any other children please state their names and ages |  |
| Does your child have a favourite toy |  |
| Do you have any pets at home |  |
| How do you discipline your child |  |
| What is your work/college routine |  |
| Is anyone else likely to pick up your child |  |