BALLYBAY KINDERGARTEN CLG

ENROLMENT FORM

PUPIL DETAILS

Full name: _____

Name child is known as: _____

Date of birth: _____

Nationality: _____

Gender: ☐ Female ☐ Male ☐ Other ☐ Wish not to state

Child's first language: _____

Other languages spoken at home:_____

FAMILY DETAILS

Helping us understand who cares for the child and who we need to contact when discussing their education.

Full name: _____

Relationship to the pupil: _____

Address: _____

_____

Is this the pupil's home address: ☐ Yes ☐ No

Contact number: _____

Email address: _____

Full name: _____

Relationship to the pupil: _____

Address: _____

_____

Is this the pupil's home address: ☐ Yes ☐ No

Contact number: _____

Email address: _____

Please provide names and ages of siblings and which schools they attend: _____

_____

_____

Are parents/guardians legally separated or divorced? ☐ Yes ☐ No

EMERGENCY CONTACT DETAILS

Full name: _____

Contact number: _____

Full name: _____

Contact number: _____

Full name: _____

Contact number: _____

Full name: _____

Contact number: _____

Full name: _____

Contact number: _____

MEDICAL INFORMATION

Please give details of any relevant medical conditions, health problems, allergies or dietary requirements:

_____

_____

_____

_____

Name of GP: _____

Address: _____

Contact number: _____

ATTENDANCE:

Preferred start date: _____

Which days are you interested in?

Please note that we recommend a minimum attendance of three days per week.

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

SIGNED

Full name: _____ _____

Signature: _____ _____

Date: _____ _____