



BALLYBAY KINDERGARTEN CLG

ENROLMENT FORM

PUPIL DETAILS

Full name: _____

Name child is known as: _____

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: _____

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: _____