

Skamps Pre-school Day Nursery Admission Form.

Child's name _____ Date of birth _____ Gender M/F

Child's Permanent main address (Mum and Dad)

Mum's Name _____ Dad's Name _____

Permanent Home Address _____

Postcode _____

Other Address (Temporary) Name of person at temporary Address and relationship to child _____

Temporary Address _____

Postcode _____ How often do they stay there? _____

Home Tel no _____

Mobile Tel no Mum _____ Mobile Tel No Dad _____

Works Tel no Mum _____ Works Tel No Dad _____

E-mail address _____

Person who has Parental Responsibility

Details of parental responsibility, legal contact and residence arrangements. This should include both parents/guardians if there is a joint responsibility for the care of the child. In cases of shared custody of the child, it is recommended that details of the residence or contact arrangements, are given, as well as the address of each parent/Guardian and the address at which the child is resident.

Child's **Home Language** _____ Is this your child's first experience of being in an English-speaking environment **Yes/No** (delete) if so please see your child's key person to support your child when they are settling in.

Child's **Religion** _____ Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and what would you like to see acknowledged and celebrated while he/she is at Skamps?

Emergency contacts:- (please give two contact numbers) Above numbers will be contacted first

Name _____

Name _____

Relation to child _____

Relation to child _____

Address _____

Address _____

postcode _____

postcode _____

Home tel no _____

Home tel no _____

Mobile Number _____

Mobile Number _____

Persons Authorised to collect the child (must be over 16)

(If younger than 16, please complete a disclaimer form)

Doctors name _____

Doctors Address _____ Tel no _____

Has your child had their 2 year progress check? Y/N If no when is it due _____

Has your child any **health problems**: (please circle appropriate answer)

Asthma yes /no Do they need an **inhaler yes/no**.

(If they do please can you provide one for us to keep in a safe place)

Eczema (Yes/no) Hayfever (yes/no) Any other health problems _____

Medicine allergies _____

Other allergies e.g. plasters _____

Speech problems Yes/No **Hearing problems** Yes/No **Eyesight problems** Yes/No

If any answer is yes please give details _____

Any other **problems or concerns** we can may be able to help you with or we the need to know about i.e. any previous diagnosis from G.P. or hospital, any professionals involved in your child i.e. Health Visitor, speech therapists, social worker etc with contact details or Children Centre:-

Has your child had all their **immunisations**? (Yes/No) if no please state which ones they have not had

Is your child on any special diet: lactose free (Yes/No) Vegetarian (Yes/No), sugar free (Yes/No), gluten free (Yes/No),

Any other special diet _____

Is your child allergic to any food or Drinks? _____

Has He/ She any Brothers/ Sisters? Names and Ages please state _____

Is this the first time your child has been away from you? (Yes / No)

Has your child attended any other settings? Nursery/ Pre-School/ Playgroup Parent/Toddler Group (Yes /No)
Which ones? _____

Which Primary School would you like your child to attend ? _____ Year _____

Please tick this box to say you have read and understood our data protection policies and procedures

We will notify you when your child can start with us when we have a place available. All information will be added to our confidential database. Thank you for completing this form.

Signed Parent/ Guardian _____ Date _____