

# Admissions Form

Child's Full Name:

Preferred Start Date:

Name to be used at the Preschool:

Date of Birth:

Gender:

Names of Parents/Carers: .....

PARENT NATIONAL INSURANCE NUMBER: .....

(this is used to obtain the Pupil Premium/Funding for each child if appropriate)

Home Address:

Telephone Number and Email Address:

Mobile Number:

Parents/Carers Place of Work:

Parents/Carers Daytime Telephone Number:

Other Emergency Contact Details:

Names of Persons Authorised to collect your child (including contact numbers):

Password Required Please.....  
(For collection of child if adult not known to preschool)

**HAS A TWO YEAR CHECK BEEN COMPLETED BY YOUR CHILD'S HEALTH VISITOR? YES/NO**

**Doctor's Name: Doctor's Address/Telephone Number:**

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**Details of any Special Dietary Requirements, Allergies and Significant Food and Drink Preferences:**

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**Record of Immunisations**

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**Do you consent for members of staff at the Pre-School to apply sun cream to your child in hot conditions?  
Yes/No**

**Any other relevant information:**

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**Do you consent for your child to be included in outdoor nature walks around the school grounds and trips  
to the local community e.g. church?  
Yes/No**

**I hereby consent for my child to take up a place at this preschool, according to the terms and conditions  
set out in its policies and procedures. I have understood the expectations and obligations relating to both  
myself and the preschool, and agree to abide by them.**

**I confirm that the information given above is correct, and I promise to contact the manager as soon as any  
of the details change.**

**Signature of Parent/Carer:**

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**Date:**

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**If you have any questions or comments, please get in touch with the manager.**