



- Irby
- Moreton
- Spital

Admissions Form

Child's Full Name:

Date of Birth:

Gender:

Ethnicity:

Religion:

Languages Spoken:

Name of person filling this form in:

Relationship to the child:

Do you have parental responsibility for the child? YES/NO.

Name of second main carer:

Relationship to the child:

Do both parents have legal contact with the child? YES/NO
If no please state who does NOT have legal contact

Child's Home Address:

postcode _____ Home tel.no _____

Email address:

Parents/Main carers full Name	Place of work	Telephone
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Parents/Main Carers Mobile numbers:

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-

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

- | | | |
|----|-----------------------|------|
| 1. | Relationship to child | Tel: |
| 2. | Relationship to child | Tel: |
| 3. | Relationship to child | Tel: |

Please specify who will be collecting your child normally.

Doctor's Name
Address
Telephone Number

Does your child have any difficulty with any of the following?
Sight:
Speech:
Hearing:
Details of any Significant Health Issues (including a special educational needs and/or physical disabilities statement):

Details of any allergies: please list symptoms

On occasion, we may feel that the administration of a plaster is appropriate for your child. Should the situation arise, I do / do not want my child to be administered a plaster.

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

Are all immunisations up to date?

Please use this space to provide us with any information you feel will help your child feel comfortable at nursery. i.e. favourite toy, dummy or comforter used.

Does your child attend any other nursery settings/Pre-School? YES/NO

Name of other setting

In order to effectively assess your child's development and educational requirements, are you happy for us to share information with other settings? YES/NO

Does your child require nursery Lunches?

Will you be paying with childcare vouchers? Yes/No
Name of Voucher Provider

I hereby consent for my child to take up a place at the Nursery.
I have understood the expectations and obligations relating to both myself and the Nursery 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. The reservation is conditional of a completed contract.

Signature of Parent/Carer:

Date:

If you have any questions or comments please get in touch with the Manager.

Please tick sessions required

Start date:

Monday	Tuesday	Wednesday	Thursday	Friday
am	am	am	am	am
pm	pm	pm	pm	pm

Deposit received:

Date input: