

THE HULLBRIDGE PRESCHOOL ADMISSION FORM
(ALL INFORMATION IS TREATED IN THE STRICTEST CONFIDENCE)

Child's Name:	
Date of Birth:	
Requested Start Date:	
Has child had two year check with HV:	
Name of Parents/Carers 1: Does this parent have Parental Responsibility Yes/No	
Name of Parents/Carers 2: Does this parent have Parental Responsibility Yes/No	
Child's Home Address:	
Home Telephone Number:	
Mobile Telephone Number:	
E-mail address:	
Parents/Carers 2:Address:	
Home Telephone Number:	
Mobile Telephone Number:	
E-mail address:	
Collection Password:	
Home language of parents:	
Emergency Contact Details 1: (Name, Number, Relationship).	
Emergency Contact Details 2: (Name, Number, Relationship).	
Name Address & Telephone Number of Health visitor Has your child had their health visitor check up.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, can we have a copy.
Name Address & Telephone Number of Family Doctor:	

Does your child have any allergies? Special dietary requirements?	• Yes • No If yes, please give details:
Collection must be by authorised person aged over 16 only.	Please see separate permission sheet.
Any ongoing health problems?	• Yes • No
Any other special needs/instructions i.e. cultural or religious	• Yes • No If yes, please give details:
Has your child previously attended another pre-school? If yes, please give details Name & Address of pre-school:	• Yes • No
When will your child start school?	
Which school will your child go to?	
Is there any background information which you could provide that may help the staff's understanding of your child and also help your child settle in? For example, any special fears, brothers or sisters, unique words that may be used at home (e.g. for toilet etc). Please let us know of any recent family events which may affect your child. Please also let us know of any additional languages that are spoken at home.	
Sessions I would Like: (Please Tick) Mon 9am to 12pm 12pm to 3pm Tue 9am to 12pm 12pm to 3pm Wed 9am to 12pm Thur 9am to 12pm 12pm to 3pm Fri 9am to 12pm 12pm to 3pm	Any other requirements/Suggestions:

Has your child been immunised against:
Diphtheria • Whooping cough • Tetanus • Polio • MMR •

Completed By: _____ Date: _____

This information will be kept confidential

Parental Consent Form

I/we agree to pay a one-off £12 administration fee if child isn't receiving 3yr funding.

Signed by Parents/Carers: _____ Date _____

I/we agree to pay for sessions that I/we have requested even when my child is absent due to sickness or holidays.

Signed by Parents/Carers: _____ Date _____

I/we agree to give half a terms notice in writing if I wish to withdraw my child or half a terms fees in lieu of notice. Applicable/Not applicable

Signed by Parents/Carers: _____ Date _____

Medical Advice and Treatment

I/we hereby authorise the staff of The Hullbridge Pre-school to seek any necessary medical advice or emergency treatment in the future for my child _____ (child's name) if I or any other member of the family cannot be contacted.

Signed by Parents/Carers: _____ Date _____

I/we agree for The Hullbridge Pre-school to apply plasters to my child _____ if needed.

Signed by Parents/Carers: _____ Date _____

Outings

I/we do/do not give permission for my child to go on brief local visits e.g. to the library/local fields/shops or schools during session time without prior notice. I understand that specific consent will be sought for major excursions.

Signed by Parents/Carers: _____ Date _____

Observation

I/we do/do not give permission for my child to be observed and a written study made by staff of The Hullbridge Pre-school for the purposes of professional training and my child's development records.

Signed by Parents/Carers: _____ Date _____

Photographs

I/we give permission for The Hullbridge Pre-school to take photographs of my child _____ (child's name) for the purpose of. **(circle as appropriate)**

Photographer	Childs Records	Preschool Website	Newsletters	Staff Coursework
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Signed by Parents/Carers: _____ Date _____

Sun cream Application

I/we do/do not give my permission for staff at The Hullbridge Pre-school to reapply sun cream to my child if provided and requested to do so by myself _____ Parents/Carers name.

Signed by Parents/Carers: _____ Date _____

Policies & Procedure

I/we have been provided with details of the settings policies and procedures, including Information Sharing and understand that there may be times where information is shared with other professionals or agencies without consent.

Signed by Parents/Carers: _____ Date _____

I/we have been provided with details of the settings non-payment fee policy.

Signed by Parents/Carers: _____ Date _____