Smilers Pre-School Admission Form

Childs full name………………………………………………………....................Known as………………………..

Date of Birth………………………Birth certificate seen by………….On(date)…………..Number…….....………

Parent 1 Address and Postcode……………………………………………………………………………………….

……………………………………………………………………………………………………………………………..

Parent 2 Address and Postcode (if different to Parent 1)……………………………………………………………

……………………………………………………………………………………………………………………………..

Home telephone number ……………………………………………………………………………………………….

Parent/Guardian 1 Name……………………………..Parent/Guardian 1 Mobile…………………………………..

Parent/Guardian 2 Name……………………………..Parent/Guardian 2 Mobile…………………………………..

Email (to be used for electronic paperwork)……………………………………………………………………….....

Who has Parental Responsibility?.....................................................................................................................

With whom does the child live?.........................................................................................................................

Name of Legal Contact......................................................................................................................................

Emergency Contact Details (name and telephone number) ……………………………………………...............

…………………………………………………………………………………………………………………………….

I hereby confirm that the above Emergency Contact has agreed to act as an emergency contact for my

child in case of emergencies and has seen the Smilers Pre-School privacy notice.

Parent/Guardian signature………………………………………………………………Date………………………...

Name of People authorised to collect your child……………………………………………………………………..

……………………………………………………………………………………………………………………………..

Password………………………………………..(to be used if needed to identify the adult authorised to collect)

Siblings names and D.O.B’s……………………………………………………………………………………………

Ethnic origin…………………………………………..Nationality……………………………………………………...

Country of birth…………………………………Languages spoken………………………………………………….

Religion……………………………………………………………………………………………………………………

Doctors name, address and telephone number………………………………………………………………………

……………………………………………………………………………………………………………………………..

Health visitor/Social worker……………………………………………………………………………………………..

Has your child had their 2 year health check……..Yes/No

Does your child have any special or medical needs? (please detail)……………………………………………...

……………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………..

Any significant birth history eg premature……………………………………………………………………………..

Names of any professionals involved with your child?......................................................................................

……………………………………………………………………………………………………………………………..

Has your child been vaccinated against:

Diphtheria, tetanus & polio x3…………………. Yes/No Whooping cough x3…………………………..Yes/No

Measles, mumps & rubella (MMR)……………. Yes/No Pre-School booster…………………………...Yes/No

Does your child have any allergies? (please list) ……………………………………………………………………

……………………………………………………………………………………………………………………………..

Does your child have any dietary requirements?...............................................................................................

……………………………………………………………………………………………………………………………..

My child would prefer to drink? Milk / Water / Either (please delete as applicable)

Does your child attend another Provision?…………………. Yes/No

If Yes please give details………………………………………………………………………………………………..

Do you agree with us sharing information with them? ……...Yes/No

Please delete as applicable

I give permission for my child to walk to the park. YES/NO

I give permission for my child to walk around the local area. YES/NO

I give permission for my child to walk to the curly bridge. YES/NO

I give permission for my child to visit the woods. YES/NO

I give permission for my child to visit Podkin Meadow. YES/NO

I give permission for my child to visit the Co-op. YES/NO

I give permission for my child to visit the library. YES/NO

I give permission for my child to visit the local café. YES/NO

I give permission for my child to ride on a bus. YES/NO

I give permission for my child to visit Tunbury School. YES/NO

I agree/disagree to sun cream being administered to my child if necessary (please delete as applicable). Sun cream would need to be provided.

I give my permission for a ‘learning Journey’ to be kept of my Child/Ward. YES/NO

I give my permission for photographs to be taken of my Child/Ward. YES/NO

I give my permission for photographs / videos (group singing) of my child to be put on the Smilers closed group Facebook YES/NO

I give my permission for photographs of my child to be put on the Smilers website. YES/NO

I understand that I will be emailed (or given a hard copy if I do not have email access) a copy of the Smilers Pre-School Policy document and agree to read and abide by the policies.

Parent/Guardian signature……………………………………………………Date………………………..

I hereby consent to Smilers Pre-School staff administering 1st Aid as required, transporting my child to the hospital if considered necessary and authorizing medical intervention by a medical professional.

Parent/Guardian signature……………………………………………………Date…………………………