



neighbourhood nursery

Goldington Family Centre
30 Meadway, Bedford, MK41 9HU
Tel. 01234 352202

Registered Charity Number 1108055

NURSERY ADMISSION FORM

Form with multiple sections: Child's full name, Preferred name, Date of Birth, Address, Main Carer Contact Details, Emergency Contact Details, Childcare required table, Attendance, Social Worker, Preferred starting date.



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**MEDICAL INFORMATION**

Family Doctor:		Telephone No:	
Address:			
Are you registered with a dentist?		YES/NO	
Dentist's Name:		Telephone No:	
Health Visitor's Name:		Telephone No:	
Any other Agency/professional support working with child? (e.g. Speech therapist)		Telephone No:	
Does your child have any Special Educational Needs? (please specify)			
Does your child have any of the following:			
Asthma	YES/NO	Epilepsy	YES/NO
Hearing problems	YES/NO	Speech problems	YES/NO
Eczema	YES/NO	Diabetes	YES/NO
Sight problems	YES/NO		
Please give full details of any known allergies			
Food intolerances, likes/dislikes			
Fears or phobias			
Permission to seek any necessary emergency medical advice or treatment in the future			YES/NO
Permission to use non-allergenic plasters, antiseptic wash and sun cream			YES/NO
Has your child had a full programme of inoculations?			YES/NO
I give permission for the details of my child to be entered on the Centre's confidential Database			
Signature:			Date:
Staff comments:			

**For office use only**

Start Date:		Keyworker:	
Copy of Birth Certificate rec'd?	YES/NO	Parental Agreement rec'd?	YES/NO
Copy to GFC?	YES/NO	Database date rec'd:	Ref. No: