



PRE-SCHOOL ADMISSION FORM

Child's full name:	Position in family/siblings:	Languages spoken at home:			
Preferred name/known as:					
Date of Birth:	M / F	Ethnicity:			
Address:	Religion:				
Postcode:					
Named person for regular collection:	Relationship to child:	Password given to non named person:			
Main Carer Contact Details:					
NAME / PLACE OF WORK	Relationship to child	CONTACT NUMBERS			
Parent/Carer 1 Name:	Relationship to child:	Home No:			
Place of work (if applic.):		Mobile No:			
		Work No:			
Parent/Carer 2 Name:	Relationship to child:	Home No:			
Place of work (if applic.):		Mobile No:			
		Work No:			
Emergency Contact Details:					
Please provide full details of 2 other people we can contact in the event of an emergency or if you are unavailable					
NAME / PLACE OF WORK	Relationship to child	CONTACT NUMBERS			
Emergency Contact 1:	Relationship to child:	Home No:			
Place of work:		Mobile No:			
		Work No:			
Emergency Contact 2:	Relationship to child:	Home No:			
Place of work:		Mobile No:			
		Work No:			
Who has parental responsibility for your child? (parents names on birth certificate)	1.	2.			
Who has legal contact with your child?					
Childcare required: (please tick boxes)	Monday	Tuesday	Wednesday	Thursday	Friday
Mini Smarteez (2-3 years) Tuesday & Thursday 9.00am-12.00pm, Wednesday & Friday 1.00pm-4.00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-School session* 9.00am-12.00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-School session* 1.00pm-4.00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Pre-School sessions are only for children 3-5 years, sessions are term-time only					
Attendance all year	YES/NO	Attendance Term-time only	YES/NO		
Permission for local outings	YES/NO	Available for Parent Help?	YES/NO		
Does your child have a named Social Worker?	YES/NO				
Name of Social Worker:					Tel. No.
Where did you find out about Smarteez?					
Preferred starting date:					

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

Confirmed Start Date:

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: