



(start date.....)

## ADMISSION FORM

Child's name ..... D.O.B ...../...../.....  
 Home address .....  
 ..... Post Code .....

Email address : ..... Home tel. no. ....  
 Mobile .....

### Persons with Parental responsibility. (usually Mum & Dad)

Name(s) .....  
 Address etc (if different from above) .....  
 ..... Post Code .....  
 Tel. Home ..... Mobile ..... (name) .....  
 Email ..... Relationship to child .....

Name (s) .....  
 Address ..... Post Code .....

Tel. .... Email ..... Relationship to child .....

Doctors Name .....  
 Surgery ..... tel. no. ....  
 Health Visitor ..... tel no. ....

Immunisations (delete if not given)  
 measles, mumps, rubella (mmr) , diphtheria , tetanus  
 polio , whooping cough, haemophilus influenzae b (hib)  
 others (please list).....

Allergies .....

Medical history (please give separate details if relevant to current health, wellbeing or development).

Emergency contact's (grandparents, neighbour, parents employer etc.)

Name..... Tel. ....  
 Name ..... Tel.....

- I agree to my child being taken to hospital or nearest doctor in emergency Y/N
- I agree to authorised professionals (reception teacher, health visitor etc) visiting my child. Y/N
- I agree to photographs being used to help record my child's development. Y/N
- I agree to my child being taken out on local walks and organised trips. Y/N
- I have read or know where to find your policies. Y/N
- I understand that my child can not come to KEYFS if he/she is unwell or infectious. Y/N

signed ..... dated.....