



(start date.....)

ADMISSION FORM

Child's name m/f..... 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 influenza 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.....

Password for use if stranger collecting.

- 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 photographs being used for publicity including internet as per setting policy. 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. www.kemertonpreschool.com Y/N
- I understand that my child can't come to KEYFS if he/she is unwell or infectious. Y/N

signed dated.....