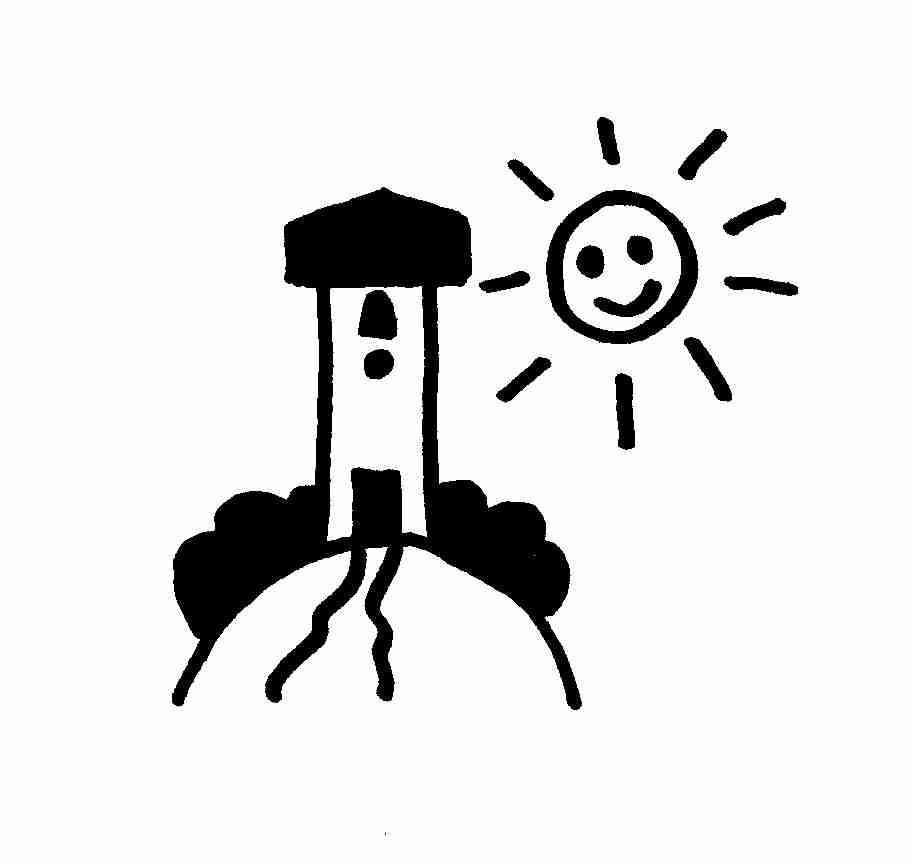
** Pepperpot Bathford Pre-School**

## Admissions Form

### Data Protection

The information you give on this form may be held in secure computerised format and used for the distribution of fundraising and other information, or for other day-to-day Pepperpot activities. It will not be sold or passed on to outside bodies without your prior consent. Distribution of this information among Pepperpot’s staff, volunteers and committee will be strictly on a need-to-know basis. If you have any queries about this, please contact the committee’s Data Protection Officer.

### Child’s information

Name of child (as on birth certificate)

First name(s) …………………………………………………………………………………

Surname …………………………………………………………………………………

Name of child (as known now)

First name(s) …………………………………………………………………………………

Surname …………………………………………………………………………………

Child likes to be called …………………………………………………………………………………

Pronunciation …………………………………………………………………………………

Date of birth (dd/mm/yy) ………/………/………

[ ] Male [ ] Female

Home address

…………………………………………………………………………………

…………………………………………………………………………………

…………………………………………………………………………………

…………………………………………………………………………………

Postcode …………………………………………………………….

Telephone no ………………………………………………………

Email address ……………………………………………………..

Child's first language at present ………………………………………………………

Is English understood? Yes/No spoken? Yes/No

Preferred language ………………………………………………………

Ethnic origin ………………………………………………………

Religion/culture ………………………………………………………

Festivals celebrated ………………………………………………………………………………………………………………

Is he/she on a child protection register? Yes/N0 If yes, social worker’s name ………………………………………………………

### Family information

Mother Father

First name(s) …………………………………………………… ………………………………………………………

Surname …………………………………………………… ………………………………………………………

Telephone Numbers

Home …………………………………………………… ………………………………………………………

Work …………………………………………………… ………………………………………………………

Mobile …………………………………………………… ………………………………………………………

Address (if different from child’s above)

…………………………………………………… ………………………………………………………

…………………………………………………… ………………………………………………………

…………………………………………………… ………………………………………………………

…………………………………………………… ………………………………………………………

Postcode …………………………………………………… ………………………………………………………

Who has parental responsibility for the child? Mother / Father / Both / Other

(If other, please specify: ………………………………………………………………………………………………)

Access information (if parents separated) …………………………………………………………………

…………………………………………………………………………………………………………………………………………………

Names and ages of the child’s brothers/sisters

Name …………………………………………………… Age ………School attending……………………………….

Name …………………………………………………… Age ……… School attending……………………………….

Name …………………………………………………… Age ……… School attending……………………………….

**Primary carer** (if not a parent)

First name(s) ……………………………………………………

Surname ……………………………………………………

Telephone Numbers

Home ……………………………………………………

Work ……………………………………………………

Mobile ……………………………………………………

Address (if different from child’s above)

……………………………………………………

……………………………………………………

……………………………………………………

……………………………………………………

Postcode ……………………………………………………

Relationship to child ……………………………………………………

Known to the child as ……………………………………………………

**Emergency contacts** (2 please)

First name(s) …………………………………………………… ………………………………………………………

Surname …………………………………………………… ………………………………………………………

Telephone Numbers

Home …………………………………………………… ………………………………………………………

Work …………………………………………………… ………………………………………………………

Mobile …………………………………………………… ………………………………………………………

Relationship to child …………………………………………… ………………………………………………………

Known to child as …………………………………………………… ………………………………………………………

### Who will collect the child at the end of each session?

Mother Yes/No

Father Yes/No

Primary Carer (where applicable) Yes/No

Other(s) – please give details if applicable

First name(s) …………………………………………………… ………………………………………………………

Surname …………………………………………………… ………………………………………………………

Telephone Numbers

Home …………………………………………………… ………………………………………………………

Work …………………………………………………… ………………………………………………………

Mobile …………………………………………………… ………………………………………………………

Relationship to child …………………………………………… ………………………………………………………

Known to child as …………………………………………………… ………………………………………………………

Is there anyone who is **not** to collect your child? …………………………………………………(please provide a photograph if possible)

Should staff at Pepperpot become aware of any child protection issues we will adhere to our child protection policies.

### Health information

Child’s doctor

Name ……………………………………………………

Telephone ……………………………………………………

Address ………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………

Health Visitor

Name ……………………………………………………

Telephone ……………………………………………………

Address ………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………

Vaccinations/immunisations received to date (please tick)

[ ] Diphtheria [ ] Whooping cough [ ] Tetanus [ ] Polio

[ ] Mumps [ ] Measles [ ] Rubella

[ ] Hib [ ] Meningitis C [ ] Pneumovax

Is your child's speech easily understood by yourself/others?

When was your child's last developmental check? ……………………………………

Were any issues identified? ……………………………………………………………………………………………………

Do **you** have any other concerns? ……………………………………………………………………………………………

Childhood illnesses to date ……………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………

Allergies ……………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………

Special dietary needs ……………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………

Medication …………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………

(If you wish Pepperpot staff to administer prescription medicines, such as asthma inhalers, you will first need to agree a written management plan with the Pre-School Manager.)

Any other health-related information. ………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………

Fears that we should be aware of. ………………………………………………………………………………………

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

What else do you feel it is important that we know or understand about your child?

(for example hospitalisation, any changes in family circumstances, bereavement, moving home, etc.) …………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………

Toilet training – We prefer that a child is toilet trained before starting at Pepperpot so we can fulfil our staff:child ratio correctly. If your child is not going to be toilet trained before starting at Pepperpot please discuss this with the Pre-School Manager who may be able to give some guidance.

### Attendance information

Anticipated start date at Pepperpot ………………………………………………

How many sessions each week? ……………… ( minimum of 2 sessions)

Morning Session Lunch club 12-1pm Afternoon Sessions 1-3pm

[ ] Monday 9.00-12pm [ ] [ ]

[ ] Tuesday 9.00-12pm [ ] [ ]

[ ] Wednesday 9.00.-12pm [ ] [ ] [ ] Thursday 9.00-12pm [ ] [ ]

If your child will be attending any other pre-schools or nurseries during their time with us, please give details including contact information. ……………………………………………………………………………………………………………………………

Intended primary/infant school and date of entry. …………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………

We welcome parental involvement. Is there any way in which you feel you would like

to be involved? (including any skills you may have to come and share with the children, e.g. singing, music, crafts, sport ………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………

### Declarations of consent

(Only to be signed by someone with parental responsibility for the child.)

I confirm that the information given on this form is, to the best of my knowledge, complete and correct.

I give permission for suitably qualified Pepperpot staff to administer simple First Aid, or apply sun cream, where necessary.

Should any urgent matters of concern arise, I give permission for contact to be made with the appropriate medical/health/social services authorities.

If I wish Pepperpot staff to administer prescription medicines, such as asthma inhalers, I will first agree a written management plan with the Pre-School Manager.

I give permission for my child to be taken on short walks or visits in the surrounding area to further their understanding.

I give permission for photographs to be taken and used for assessment records, training courses, displays, promotions, press releases or publications. (Names will not be used externally.)

I understand that each child’s parent/carer should help at one session each term (six per year).

I understand that a non-refundable administration fee of £25 must accompany this form.

I will provide the Pre-School Manager with the child’s birth certificate (not a photocopy) at or before the first session.

Signed ……………………………………………………………………………………

Name (in capitals please) ……………………………………………………………………………………

Date (dd/mm/yy) ………/………/………

### For Pepperpot use only

|  |  |
| --- | --- |
| Date birth certificate seen (dd/mm/yy) | ………/………/……… |
| Date £25 fee paid (dd/mm/yy) | ………/………/……… |
| Cheque number | ……………………………… |
| Sort code | ………/………/……… |