## Admissions Form

If you would like to register your child with Pepperpot Pre-School please complete and return this **Admissions Form**. If you are also ready to reserve your child a place and sessions, please complete the accompanying **Reservation Form**.

*Please note; there is a £25 admin fee for registration (non refundable), and a £100 refundable\* deposit to reserve your child’s place, see the Reservation Form for more information.*

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| 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.  This agreement does not affect your statutory rights. |

### 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/No

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)

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

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

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

If other, please specify: ………………………………………………………………………………………………

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

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Names and DOB of the child’s brothers/sisters

Name …………………………………………………… DOB …………… School attending……………………………….

Name …………………………………………………… DOB …………… School attending……………………………….

Name …………………………………………………… DOB …………... School attending……………………………….

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

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

Telephone Numbers

Home /Mobile …………………………………………………… Work……………………………………………………

Address (if different from child’s above)

……………………………………………………

……………………………………………………

……………………………………………………

Postcode ……………………………………………………

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

**Two Local Emergency Contacts** (other than the parents) They will only be contacted in an emergency if both parents cannot be contacted.

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? Yes or No

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

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

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

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

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

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

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

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

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

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

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(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 Playleader.)

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

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

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

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

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

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**Toilet training** – we strongly desire that all children are toilet trained before starting at Pepperpot. However, we are fully aware that some children may not have reached this milestone in their development. If you have any concerns, please discuss this with the Pre School Leader, who may be able to offer some guidance, before your child starts.

**Additional information**

Please give brief details of any previous pre-schools, nurseries or childminders that your child has attended …………………………………………………………………………………………………………………………………………… …………………………………………………………………………………………………………………………………………..……………………………………………..……………………………………………………………………………..……………………………

If your child will be attending any other pre-schools, nurseries or childminders during their time at Pepperpot, 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 become involved? Either by becoming a member of our committee or by sharing any skills that you may have with the children, e.g. singing, music, crafts or sports …………………………………………………………………………………………………………………………………………………………..

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### 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 to 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 Playleader.

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, internal displays.

I give permission for photographs to be taken and used for promotions, press releases or publications (names will not be used externally) - *Please tick this box if you do not consent to this point* . ⃣

I understand that a non-refundable administration fee of £25 must accompany this form, and that until receipt my child will not be registered, nor able to reserve or take up a place with Pepperpot.

I will provide the Playleader 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 | …………/…………/………… |