

All about me...

Today's date is...

My full name is...

My Parent's/carers names are

My date of birth is...

I like to be called...

At home I speak...

These are my relevant health and medical conditions (including allergies)...



These are the things I don't like or will worry about... *(Do I need to be prepared for a change in my routine? Am I used to being with other people?)*



This is how you can comfort and calm me down if I become upset... *(Do I have a comforter? What is it and when do I usually need it?)*



These are the things I like to do...



Admission Form

Full name of Child:

Date of birth: ___/___/___

Proof of DOB supplied? (if not please send by email with this form and confirm) : Yes No

Current Age:

Gender: Male Female

Full name of parent/carer 1:

Profession/place of work address:

Full name of parent/carer 2:

Profession/place of work address:

Name/Address of parent/carer child lives with (primary carer if parents are separated or divorced):

Parent name/Legal Guardian:
Address:
Post Code:

For parents claiming "30 hours" funded or two year funded places we need this information too.

Parents Name:	Parents DOB:
Parent National Insurance Number:	
Permission to run eligibility check: <input type="checkbox"/>	(please tick box)

Registered parent email for all official communication:

WhatsApp/Text Parent alerts/messages: Yes/No - if yes please provide number below:

Telephone Numbers of parents – in an emergency we will contact parents first unless instructed otherwise :

Primary Mobile numbers for both parents or guardians

Mum: | Dad:

Home/work number for both parents or guardians

Home: Work:

Additional emergency contacts – there needs to be four people in total (additional two more contacts to parents/guardians above)

<p>Additional Emergency Contact 1: <i>Full name:</i> <i>Relationship to child:</i> Contact no:</p>	<p>Additional Emergency Contact 2: <i>Full name:</i> <i>Relationship to child:</i> Contact no:</p>
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DESIGNATED ADULTS – ONLY PARENTS AND DESIGNATED ADULTS AGREED ON THIS FORM WILL BE ABLE TO PICK UP YOUR CHILD. IF THIS INFORMATION CHANGES PARENTS MUST EMAIL US AN UPDATED COPY OF THE FORM BELOW WITH PHOTOS OF THE DESIGNATED ADULT.

Designated adults for Pick – ups	Name/relationship to child	Photo	Male/ Female	Your chosen pick-up password
Designated adult 1				
Designated adult 2				
Designated adult 3				

****The “Designated Adult” for pick up must also know child’s name & Password stated above.** If you need more ‘designated adults’ listed for your child please email the information above to admin@precious-smiles.co.uk and speak to staff too. The three designated adults listed above include parents so cover staff also know what parents look like.

Child's GP details:

Name:

Address:

Telephone number:

Child's Health Visitor:

Name:

Address:

Telephone number:

Number of younger siblings

Number of older siblings

Sibling's names/ages:

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Settings/schools
attended by siblings:

Family's religion or faith: (optional)

Main language spoken at home:

Child's first language:

Does your child have any disability/medical condition/special requirements?

Yes No If yes, please give details and speak to the Manager:

Does your child require regular medication?

Yes No If yes, please give details and speak to the Manager:

Has there been previous or any current social services involvement for any child?

Yes No If yes, please give details and speak to the Manager:

Does your child have any specific dietary requirements or allergies?

Yes No If yes, please give details and speak to the Manager:

Does your child have any special educational needs?

Yes No If yes, please give details and speak to the Manager:
