

## **Admission Form**

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Full name of Child:				
Date of birth:	//		Proof of DOB seen:	□ Yes □ No
Current Age:				
Gender:	Male	Female		
Full name of parent/ca	arer:			
Relationship to child:				
Full name of parent/ca	arer:			
Relationship to child:				

Dad:
Dad:
Post Code:

Additional information required for 2 year funding, pupil premium and extended entitlement. Please complete for both parents (if applicable).

Parent Name:	Parent Name:
DOB:	DOB:
National Insurance number:	National Insurance number;
30 hour code:	 Date issued:// Renewal://
Telephone Numbers:	Home
Mum:	Dad:
Emergency Contact 1: Full name:	Emergency Contact 2: Full name:
Relationship to child:	Relationship to child:
Address:	Address:
Postcode:	Postcode:
Tel no:	Tel no
Profession:	Profession:
Place of work:	Place of work: Email:
Email:	

Name:

Address:

Telephone number:

## Child's Health Visitor:

Name:	
Address:	
Telephone number:	
Number of you	nger siblings Number of older siblings
Sibling's names/ages:	
Settings 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 provide full details in an email
Does your child require regular medication?
Yes No If yes, please provide full details in an email
Deee your shild have any allergies?
Does your child have any allergies?
L Yes No If yes, please provide full details in an email
Does your child have any specific dietary requirement (food they must not have)?
L Yes No If yes, please provide full details in an email
Does your child have any special educational needs?
Yes No If yes, please provide full details in an email

Please provide further information that maybe relevant to your child's daily care needs e.g. child's daily routine.

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