



St Peter's Pre-School, Bradfield

Confidential
Admissions Form

Please fill out in full and in block capitals

Surname: _____ First Name: _____

Date of birth: _____ (known as): _____

Home Address: _____

Names and telephone numbers of parents/guardians with whom the child usually lives

Tel no: _____

Email: _____

Name and address of person collecting child: _____

Tel: _____

Name of emergency contact (1) _____

Tel: _____

Name of emergency contact (2) _____

Tel: _____

Name and address of doctor: _____

Tel: _____

Please give brief details of any allergies, medical conditions and special dietary requirements that staff should be aware of

Please ask for a form if your child requires medication during session times.

Please give further details about your child, e.g. languages spoken, cultural/religious background, anything else you think we should know.

Do you or your health visitor have any concerns about any part of your child's development?

Have any other professionals ever/currently been involved with your child's development e.g. Special educational needs coordinator, pediatrician? (If yes please give details)

Which term would you like your child to start? Please circle

January 2017

April 2017

September 2017

Preferred days/sessions.....(Am/Pm sessions, full days and lunch clubs)

Please note that we cannot guarantee you will be offered a place on your preferred days.

Signature of parent/guardian: _____

Date: _____