



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 any details about your child, e.g. languages spoken, special educational requirements and cultural/religious background.

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

January 2018

April 2018

September 2018

Other:

Number of *and* session days you would prefer _____

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

Signature of parent/guardian: _____ Date: _____