

St George's Pre-School

ADMISSIONS RECORDS (PAGE 1)

Confidential information to be kept by supervisor

DETAILS OF THE CHILD

FULL NAME OF CHILD... DATE OF BIRTH... (Please provide copy of the birth certificate)
PREFERRED NAME/KNOWN AS... MALE/FEMALE...
ADDRESS...
RELIGION...

PARENTS DETAILS

MOTHER'S NAME... FATHER'S NAME...
ADDRESS... ADDRESS...
POST CODE... POST CODE...
TEL NO; HOME... TEL NO: HOME...
WORK... WORK...
MOBILE... MOBILE...
E-MAIL ADDRESS... E-MAIL ADDRESS...
Legal guardian of this child? Yes / no Legal guardian of this child? Yes / No

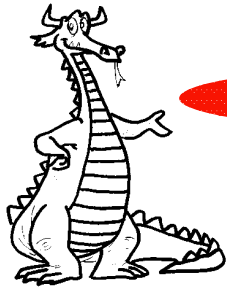
If parents no longer live together, which parent does the child normally live with, and do both parents have parental responsibility?
Child normally lives with...
Person/s with parental responsibility...

EMERGENCY CONTACTS (SHOULD PARENTS(S) BE UNAVAILABLE)

FULL NAME... RELATIONSHIP TO CHILD...
ADDRESS... TEL NO: HOME...
WORK...
MOBILE...
FULL NAME... RELATIONSHIP TO CHILD...
ADDRESS... TEL NO: HOME...
WORK...
MOBILE...

CHILDS DOCTOR'S DETAILS

DOCTORS NAME...
ADDRESS OF SURGERY...
TEL NO:...



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ADMISSIONS RECORDS (PAGE 2)

Child's name

HEALTH VISITOR

HEALTH VISITOR'S NAME..... TEL NO:.....

IT WOULD BE HELPFUL IF YOU WOULD GIVE US SOME BACKGROUND INFORMATION ABOUT YOUR CHILD.

HAS HE/SHE ANY ALLERGIES
ANY KNOWN DIETARY REQUIREMENTS
ANY MEDICAL CONDITIONS OR HAD ANY SERIOUS INJURIES OR ILLNESS?.....

.....
ANY KNOWN SPECIAL EDUCATIONAL NEEDS.....
IF YES ARE THERE ANY OTHER PROFESSIONALS THAT YOU ARE IN CONTACT WITH? PLEASE GIVE
DETAILS.....
DATE OF IMMUNISATIONS (INCLUDING TETANUS).....

.....
LANGUAGE SPOKEN AT HOME.....
ANY OTHER IMPORTANT INFORMATION

PLEASE CIRCLE YOUR CHILD'S ETHNICITY:

- | | | |
|--------------------------------|-----------------------------------|------------------------------------|
| White British | White Irish | Traveller of Irish Heritage |
| Gypsy/Roma | White, any other background | Mixed, White and Black Caribbean |
| Mixed White And Black African | Mixed White and Asian | Mixed any other background |
| Asian or Asian British, Indian | Asian or Asian British Pakistani | Asian or Asian British Bangladeshi |
| Any other Asian background | Black or Black British, Caribbean | Black or Black British African |
| Black or Black British, | any other black background | Chinese |
| Any other ethnic background | | |
| Do not wish to be recorded | | |

IS YOUR CHILD ATTENDING ANY OTHER PRE-SCHOOL OR NURSERY? IF YES PLEASE GIVE NAME AND CONTACT

(We need this so that we can send on our observations to them or them to us as only one set of records need to be kept to send on to school)

I/we understand that the Pre-school is organized by parents and I/we am willing to help in any way I can. I also give permission for first aid and emergency assistance to be administered to my child if necessary.

Parents Signatures **Date**.....

..... **Date**.....