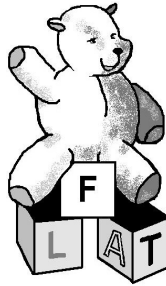


Bear Flat Pre-School
Bruton Avenue, BA2 4QJ, 01225 445694



Registered Charity 1066705

ADMISSION FORM

1. Child Information

Date.....

Name of child (as on birth certificate).....
Name of child (as known now).....
First Name.....Surname.....
Date of birth.....
Home Address.....
.....
Telephone No.....
On C.P. Register?.....
Social Worker.....

2. Family Information

Name of Mother
First Name.....Surname.....
Address, if different to above

Tel. No. Home.....Work.....Mobile.....
Email (if you would like to receive email communication rather than post)
.....

Name of Father
First Name.....Surname.....
Address, if different to above.....
.....
Tel. No. Home.....Work.....Mobile.....
Access Information.....
Email (if you would like to receive email communication rather than post)
.....

Name of Primary Carer, if different from above

First Name.....Surname.....
Address

Tel. No. Home.....Work.....Mobile.....
Email (if you would like to receive email communication rather than post)
.....

Name and ages of brothers/sisters:

Name..... Age.....
Name..... Age.....
Name..... Age.....
Name..... Age.....

Ethnic Origin.....
Preferred Language.....
Religion.....

3. Important Contacts:

Who to contact in an emergency (2 please):

Name.....
Address.....
Place of work.....
Tel. No. Home..... Work..... Mobile.....
Relationship to child.....

Name.....
Address.....
Place of work.....
Tel. No. Home..... Work..... Mobile.....
Relationship to child.....

Who will be bringing and who will be collecting the child from Bear Flat Pre-School (pls tick):

Mother ()
Father ()
Carer ()
Brother or Sister () name.....

Stand-by person(s) to bring and/or collect child from Bear Flat Pre-School:

Name.....
Address.....
Tel. No. Home..... Work..... Mobile.....
Relationship to child.....

Name.....
Address.....
Tel. No. home..... Work..... Mobile.....
Relationship to child.....

4. Health

Name of Doctor and Health Visitor.....
Practice Address.....
Tel. No.....

Immunisations Received (Please circle if given):

MMR DPT (Diphtheria, Whooping Cough, Tetanus) HIB Polio

Allergies.....

Other health problems.....

Special dietary needs.....

Anything else the pre-school should know about your child.....

Will you be enrolling your child in any other pre-school groups?

5. **Days required (please circle):**

Mon Tue Wed Fri

Preferred start date:

Nursery Funding:

We are approved to accept national government funding for eligible three and four year olds. All children are eligible for national funding from the local authority from the term after they are three years old.

B&NES will fully fund 5 sessions per week for a total of 11 weeks. If a child has more than 5 sessions, because they also attend other nurseries/playgroups, the level of funding to the pre-school is reduced.

It is currently the pre-school's policy to charge parents the difference between the fully funded session and the reduced funding actually received.

Parental Involvement:

Do you as parents feel that you have knowledge of any particular job, skill, hobby, culture or religion that the children might be interested in and that could be included in our topic work? If you have and are willing to come into pre-school to share it with us, please give details below.

.....
.....
.....

6. **Parental Consent**

Should any urgent matters of concern arise, I give permission for my child to be given emergency treatment as necessary, and /or, contact to be made with the appropriate medical/health/social services authorities.

Name.....

Signature.....

Date.....

Once you have confirmed to us your final acceptance of the place we require 4 week's notice of cancellation and up to 4 week's fees in lieu, which will be calculated at the current sessional rate, and will be required even if your child is normally funded.

Photographs of your child will be taken at the Pre-school to supplement the written information in their personal folder. Photographs may also be used on our website. Please indicate whether you give consent for this.

Yes/No

I enclose a £20 registration fee to register my child for a place at Pre-school. I understand that this is not refundable, unless the Pre-school cannot offer my child a place in the required academic year.

SIGNED.....DATE.....

7. Please could you tell us how you heard about Bear Flat Pre-School?

.....

When there is a place for your child you will receive notification, including further details about the group.

Please return the admission form to Bear Flat Pre-School, Bruton Avenue, Bear Flat, Bath, BA2 4QZ.

Office use only

Start date:.....

Deposit received:.....

School start:.....

Receipt sent:.....

Received date:.....

Conf sent:.....