



Ferring Funtime Community Pre-school Children's Admission Form

Child First Name	<input type="text"/>	Date of Birth	<input type="text"/>
		<i>dd/mm/yyyy</i>	
Middle Name	<input type="text"/>	Age	<input type="text"/> Years
Surname	<input type="text"/>		<input type="text"/> Months
Known as	<input type="text"/>		

Primary Contact Details

Parent / Carer Title	Mr / Mrs / Ms / Miss / Dr	First Name	<input type="text"/>
(Delete as appropriate)			
Surname	<input type="text"/>	Relationship to Child	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>		
Home Tel	<input type="text"/>	Work Tel	<input type="text"/>
Mobile No.	<input type="text"/>	Security Password	<input type="text"/>
email	<input type="text"/>		

To reduce costs and our carbon footprint, invoices and communications are sent out via email.

Should you prefer to receive information in a hard copy format, please tick the box.

Bill payer ? Yes /No

Who has the legal contact with the child?

Who has parental responsibility of the child?

Childs position in family

Looked after child (LAC)? Yes /No EY Personal Education Plan (PEP)? Yes / No

Does your child receive support from outside agencies (Portgage, Speech and Language Therapy Services etc)? Yes / No

Please give details

Other Contacts

Name: Relationship to child:

Address:

Telephone No: Mobile No:

Emergency Contact? Pick up? Bill Payer?

Name: Relationship to child:

Address:

Telephone No: Mobile No:

Emergency Contact? Pick up? Bill Payer?

Name: Relationship to child:

Address:

Telephone No: Mobile No:

Emergency Contact? Pick up? Bill Payer?

Name: Relationship to child:

Address:

Telephone No: Mobile No:

Emergency Contact? Pick up? Bill Payer?

Childs Medical Details

Doctors Name

Surgery Name

Address

Postcode

Tel No.

Dentist Name

Surgery Name

Address

Postcode

Tel No.

Medical ✓

- | | | | |
|---------------------|--------------------------|------------------|----------------------|
| None | <input type="checkbox"/> | Medical details: | <input type="text"/> |
| Asthma | <input type="checkbox"/> | | <input type="text"/> |
| Constipation | <input type="checkbox"/> | | <input type="text"/> |
| Diabetes | <input type="checkbox"/> | | <input type="text"/> |
| Ear Problems | <input type="checkbox"/> | | <input type="text"/> |
| Eczema | <input type="checkbox"/> | | <input type="text"/> |
| Eye Problems | <input type="checkbox"/> | | <input type="text"/> |
| Febrile Convulsions | <input type="checkbox"/> | | <input type="text"/> |
| Sensitive Skin | <input type="checkbox"/> | | <input type="text"/> |
| Other | <input type="checkbox"/> | | <input type="text"/> |

Allergies ✓

- | | | | |
|-------------|--------------------------|------------------|----------------------|
| None | <input type="checkbox"/> | Allergy details: | <input type="text"/> |
| Cows Milk | <input type="checkbox"/> | | <input type="text"/> |
| Eggs | <input type="checkbox"/> | | <input type="text"/> |
| Fish | <input type="checkbox"/> | | <input type="text"/> |
| Lactose | <input type="checkbox"/> | | <input type="text"/> |
| Nuts | <input type="checkbox"/> | | <input type="text"/> |
| Penicillin | <input type="checkbox"/> | | <input type="text"/> |
| Pollen | <input type="checkbox"/> | | <input type="text"/> |
| Soap Powder | <input type="checkbox"/> | | <input type="text"/> |
| Soya | <input type="checkbox"/> | | <input type="text"/> |
| Wheat | <input type="checkbox"/> | | <input type="text"/> |
| Other | <input type="checkbox"/> | | <input type="text"/> |

Dietary ✓

- | | | | |
|--------------|--------------------------|----------------------|----------------------|
| None | <input type="checkbox"/> | Restriction details: | <input type="text"/> |
| Restrictions | <input type="checkbox"/> | | <input type="text"/> |
| | | | <input type="text"/> |
| | | | <input type="text"/> |

Has your child got a specific need that the staff should know about or might require extra training for?

Special Educational Needs

Early Healthcare Plan

None

Childs Medical Details *continued*

<i>Illnesses</i>	✓ Had	✓ Immunised
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>
Hayfever	<input type="checkbox"/>	<input type="checkbox"/>
HIB	<input type="checkbox"/>	<input type="checkbox"/>
Measles	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis C	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Polio	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>
Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>
Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>

<i>Permissions</i>	✓
Nappies / Toilet Assistance	<input type="checkbox"/>
Local Outings	<input type="checkbox"/>
<u>Suncream:</u>	
Preschool	<input type="checkbox"/>
Own	<input type="checkbox"/>
<u>Photos:</u>	
in preschool	<input type="checkbox"/>
in learning journals	<input type="checkbox"/>
in the wider community	<input type="checkbox"/>
on the website	<input type="checkbox"/>
<u>Medical:</u>	
Plasters	<input type="checkbox"/>
Emergency Medical Attention	<input type="checkbox"/>

Personal Details

<i>Hair Colour:</i>	✓
Black	<input type="checkbox"/>
Blonde	<input type="checkbox"/>
Red	<input type="checkbox"/>
Dark Brown	<input type="checkbox"/>
Light Brown	<input type="checkbox"/>

<i>Eye Colour:</i>	✓
Blue	<input type="checkbox"/>
Brown	<input type="checkbox"/>
Green	<input type="checkbox"/>
Hazel	<input type="checkbox"/>

<i>Language:</i>	✓
Chinese	<input type="checkbox"/>
Creole	<input type="checkbox"/>
Creole / English	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
English	<input type="checkbox"/>
Esperanto	<input type="checkbox"/>
Finish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Somali	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Other	<input type="checkbox"/>

<i>Religion:</i>	✓
Baptist	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Catholic	<input type="checkbox"/>
Christian	<input type="checkbox"/>
Church of England	<input type="checkbox"/>
Church of Scotland	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Islam	<input type="checkbox"/>
Jehovah Witness	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Methodist	<input type="checkbox"/>
Shinto	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
None	<input type="checkbox"/>

<i>Nationality:</i>	✓
African	<input type="checkbox"/>
American	<input type="checkbox"/>
Australian	<input type="checkbox"/>
Brazilian	<input type="checkbox"/>
British	<input type="checkbox"/>
Canadian	<input type="checkbox"/>
Dual Nationality	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Other	<input type="checkbox"/>

Ethnicity: ✓

- Asian Bangladeshi
- Asian Indian
- Asian Other
- Asian Pakistani
- Black African
- Black African Other
- Black African Somali
- Black Caribbean
- Black Other
- Chinese
- Greek or Greek Cypriot
- Gypsy/Roma
- Irish

✓

- Mixed Other
- Mixed White & Asian
- Mixed White and Black African
- Mixed White and Black
- Vietnamese
- Traveller of Irish Heritage
- Turkish/Turkish Heritage
- White & Asian
- White British
- White European
- White Other
- Other
- Declined

Pre School Information

Has your child previously attended a parent and toddler group? Yes No

Does your child attend another Pre school / Nursery? Yes No

When do you expect your child to start main school?

Which School?

Ferring Funtime Community Preschool is a Committee run organisation, we are always looking for new parents to volunteer and help us. If you are interested in joining our committee please tick the box

There are various roles with the committee, which role would you be interested in?

- Fundraising
- Chair
- Secretary
- General
- Health & Safety
- Treasurer
- Child Protection

Can you offer any help within the pre school session? Yes No

Can you offer any help outside the pre school session? (making/maintaining equipment or helping raise funds) Yes No

PRIVACY NOTICE

General Data Protection Regulations - Any personal information such as name, postal address, telephone number, and email address given via will only be used to provide a requested service and will not be disclosed to any other third party without your prior permission or unless we are required to do so by law.

ABACUS

We enter all data provided onto Abacus. This is an online Nursery Management Software system provided by Parenta. This system manages all sessions, invoices and general data generated by the preschool. Should you wish for more information please visit their website at <https://www.parenta.com/> . They work with the NCC Group who ensure all their software products are secure and compliant with the General Data Protection Regulations.

TEXTLOCAL

We occasionally text important information to parents via the website textlocal. The primary contacts name and mobile number along with the childs name is stored on this website. Textlocal (as part of the IMImobile Group) is fully compliant with the General Data Protection Regulations and are accountable and transparent about the personal data they hold.

I agree that this information is up to date and accurate and accept that it is my responsibility to inform the preschool immediately of any changes. I have read and understood all provided material regarding preschool policies and procedures and how my information is managed or shared.

Signature

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Print Name

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Date

Childs Name
