



# Ferring Funtime Community Pre-school

## Admission Form

### Child's details

Child's first name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Name known as \_\_\_\_\_

Child's full address \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth \_\_\_\_\_ Birth certificate seen Yes  No

### Family details

Name of parent(s)/carer(s) with whom the child lives: \_\_\_\_\_

#### Contact details 1 (including emergency information):

Parent/carer full name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_

Work address \_\_\_\_\_

Does this parent have parental responsibility for the child? Yes  No

#### Contact details 2 (including emergency information):

Parent/carer full name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_

Work address \_\_\_\_\_

Does this parent have parental responsibility for the child? Yes  No

*Contact details 3 (including emergency information):*

Parent/carer full name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Daytime/work telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
Home telephone \_\_\_\_\_ Email \_\_\_\_\_  
Home address \_\_\_\_\_  
Work address \_\_\_\_\_  
Does this parent have parental responsibility for the child? Yes  No

**Other person(s) with legal contact** *To be completed where those persons with parental responsibility are separated and an S8 Order is in place.*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact telephone numbers \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
What are the contact arrangements that we/ need to be aware of?

**Emergency contact details if parents are not available** *Emergency contacts must be local.*

*Contact 1* - Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime/work telephone \_\_\_\_\_  
Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

*Contact 2* - Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime/work telephone \_\_\_\_\_  
Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**Persons other than parent(s) authorised to collect the child** *Must be over 16 years of age.*

*Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, staff will check before releasing the child.*

Person 1 – Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Person 2 - Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Person 3 - Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Password for the collection of child by authorised persons \_\_\_\_\_

**About your child**

The following information will tell us a little more about your child. As your child settles with us, we will establish their starting points through observation and further conversation with you.

Does your child have previous experience of attending a childcare setting? If so, please specify:

## Health and development

Has your child received the following immunisations? *Please confirm and provide date of immunisations given.*

<b>Two months old</b>	6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Three months old</b>	6-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Meningitis C vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Four months old</b>	6-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Between 12 and 13 months old</b>	Hib/Men C booster - Haemophilus influenza type b (Hib), fourth dose and meningitis C, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	MMR vaccine – mumps, measles and rubella.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, third dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Two to three years</b>	Flu vaccine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Three years and four months or soon after</b>	MMR vaccine, second dose – mumps, measles and rubella.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:

*For internal use:* Has the child's health record book been seen to confirm immunisation dates? Yes  No

Does your child have any on-going **medical conditions**? Yes  No  If so, please specify:

If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc:

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Does your child require a **health care plan**? Yes  No

Is your child known to have any **allergies or food intolerances**? Yes  No  .If so, please specify:

*A risk assessment will be completed and kept on the child's file for any known allergies or food intolerance as mentioned above.*

What are your child's **dietary requirements**? Please specify if applicable: Not applicable

If your child is aged three years or over, does he or she have difficulty with any of the following:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| Speaking and communicating                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Listening and attending                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Understanding simple instructions          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Eating and drinking                        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Sitting and sharing a book                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Walking and climbing                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Rolling a ball                             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Holding a crayon                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Socialising with adults and other children | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Using the toilet                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Putting on their shoes and socks           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Any other concerns:

Does your child have any special needs or disabilities? Yes  No  .If so, please specify:

Are any of the following in place for the child?

- |                                 |     |                          |    |                          |
|---------------------------------|-----|--------------------------|----|--------------------------|
| SEN action plan                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Education, Health and Care Plan | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

What special support will he/she require in our setting?

None

*Two year old progress check – children aged 24 – 36 months*

If your child is aged between 24-36 months, has a two year old progress check already been completed for your child? Yes  No

Setting completing check \_\_\_\_\_ Date completed \_\_\_\_\_

As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and will discuss it with you.

*Cultural background*

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family (if applicable)? \_\_\_\_\_

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

What language(s) is/are spoken at home? \_\_\_\_\_

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes  No

Does your child need a bilingual support plan? Yes  No

If so, discuss and agree with the key person how we can work together to support your child when settling-in:

## Details of professionals involved with your child

### *GP – Doctors Surgery*

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

### *Health Visitor (if applicable)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

### *Social Care Worker (if applicable)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

What is the reason for the involvement of the social care department with your family? *NB If the child has a child protection plan, make a note here, but do not include details. We will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.*

### *Dentist (if applicable)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

### *Any other professional who has regular contact with the child*

Name 1 \_\_\_\_\_ Role \_\_\_\_\_  
Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name 2 \_\_\_\_\_ Role \_\_\_\_\_  
Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name 3 \_\_\_\_\_ Role \_\_\_\_\_  
Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

# General parental permissions

## *Emergency treatment declaration*

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by a senior member of staff for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

## *Suncream*

I give permission for staff to administer; suncream supplied by the setting  / supplied by myself

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

## *Nappy/Toilet Assistance*

I give permission for staff to assist \_\_\_\_\_  
(name of child) with any nappy changes or toilet routines if and when required.

\_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

## *Photographs*

A part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your child's records within the setting, we may also record events and activities on video. Photos/videos are stored on the setting's computer only; we only store images during the period your child is with us. **We also like to use photos for our newsletters, these are given out as hardcopies and uploaded to our website.** Please make you preferences known below by ticking the appropriate boxes. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for each image we intend to use.

I give permission for my child to have his/her photo to be taken, or to be videoed for use in;

preschool  journals  newsletters

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_



## Key persons - Information for parents

Each child joining the setting will have a key person appointed to them. It will be the key person's responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up-to-date. Your child's key person may change as your child progresses through the setting. You will be notified of these changes. Your child's key person is your first point of contact for anything you wish to discuss about your child.

Your child's key person will be \_\_\_\_\_

*To be completed by the key person:*

Date starting at **Ferring Funtime Community Pre-school** \_\_\_\_\_

Days and times of attendance \_\_\_\_\_

Are any fees payable? If so, note here \_\_\_\_\_

Has the settling-in process been agreed? Yes  No

If so, please specify:

## Policies and procedures

I have been provided with details of Ferring Funtimes' early years prospectus for parents, and its policies and procedures. The policies and procedures have been explained to me, including the Information Sharing Policy, and I understand that there may be circumstances where information is shared with other professionals or agencies without my consent.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Printed name \_\_\_\_\_

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise.

Parent name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name of key person \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name of manager \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Equalities monitoring form

*Ethnicity - Gathered for monitoring purposes only. Parents are not obliged to complete this data.*

- |                 |                          |                           |                          |
|-----------------|--------------------------|---------------------------|--------------------------|
| White British   | <input type="checkbox"/> | Pakistani                 | <input type="checkbox"/> |
| White Irish     | <input type="checkbox"/> | Indian                    | <input type="checkbox"/> |
| White other     | <input type="checkbox"/> | Asian other               | <input type="checkbox"/> |
| Black British   | <input type="checkbox"/> | Chinese                   | <input type="checkbox"/> |
| Black African   | <input type="checkbox"/> | Chinese other             | <input type="checkbox"/> |
| Black Caribbean | <input type="checkbox"/> | White and Black Caribbean | <input type="checkbox"/> |
| Black Other     | <input type="checkbox"/> | White and Black African   | <input type="checkbox"/> |
| Bangladeshi     | <input type="checkbox"/> | White and Black Asian     | <input type="checkbox"/> |

Other please state \_\_\_\_\_

A child's learning difficulties and disabilities status should be recorded according to the following categories:

- |                                 |                          |
|---------------------------------|--------------------------|
| No special educational need     | <input type="checkbox"/> |
| SEN action plan                 | <input type="checkbox"/> |
| Education, Health and Care Plan | <input type="checkbox"/> |

Providers should refer to the SEND Code of Practice for the Early Years (2014) for an explanation of the terms above.