

BLACKSHAW NURSERY ADMISSION FORM

Child's first name(s) Surname

Name you usually call your child

Date of birth

Mother's first name Surname

Father's first name Surname

Home phone no.

Mother's e-mail address:

Father's e-mail address :

Contact numbers during nursery hours

Mother's phone no.

Father's phone no.

Emergency (close friend or relative):

Name Phone no.

HEALTH

Doctor

Health Visitor

Address

Clinic

.....

.....

Phone

Phone

Social Worker

Address

Phone

IMMUNISATIONS

Immunisation **Dates**

**5 in 1 vaccine: Diptheria, Tetanus, Whooping cough,
Polio (2, 3, 4 months)**

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**Pneumococcal or Pneumo jab (PCV)
(2, 4 & 12-13 months)**

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Rotavirus (2 & 3 months)

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**Meningitis B vaccine (3 months)
Meningitis C vaccine (3 months)**

.....

Hib/Meningitis C booster (12-13 months)

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MMR vaccine (12-13 months)

.....

**4 in 1 Pre-school booster
(3 years 4 months or soon after flu vaccine)**

.....

BCG

.....

Did your child have any reaction to any of the above vaccinations?

.....

How old was your child when he/she last had a developmental check?

.....

Where did the check take place, i.e. name of Health Centre, home etc?

.....

Were there any concerns following the developmental check?

.....

**Has your child had, or suffer from, any of the following illnesses?
(please circle)**

- | | | |
|----------------------------|----------------------------|-----------------|
| Mumps | Scarlet Fever | Eczema |
| Chickenpox | German Measles | Asthma |
| Measles | Meningitis | Epilepsy |
| Sickle Cell Anaemia | Febrile Convulsions | |

Any other known medical condition ? (please give details)

.....
.....

Any distinguishing marks (i.e. birth marks etc)?

.....

Is your child having regular medication?

.....

Has your child ever been in hospital? If so, which hospital and why?

.....

Allergies ? YES / NO If 'YES' give details

.....
.....

Allergic reaction shown by child

.....

Disabilities ?

Toilet training (please circle):

Can manage on own / Can manage with help / Not trained

Does your child rest during the day? (please give details)

.....

Does your child have a comforter?

.....

Any special dietary requirements?

.....

.....

Who has parental responsibility for the child?

.....

Who has permission to collect the child at any time from nursery?

.....

.....

Language spoken at home

Religion

Ethnic origin of child (please circle):

White British

- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other white background

Mixed – White & Black Caribbean

- White & Black African
- White & Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

Any other ethnic background

I will give Blackshaw Nursery written notice of at least six weeks when my child is leaving the nursery, or if I intend leaving the Trust's employment. I understand that fees will be payable during this notice period. This applies from my acceptance of the place offer, even if my child does not in fact attend the nursery.

I agree to set up a standing order which will fully cover my nursery fees to credit the Nursery bank account at the beginning of each month (in advance).

I agree to pay one month's fees which will be held by the Nursery as a deposit for my child's place. I understand that this will be refunded when my child leaves the Nursery, or offset against my final account.

Signed

Date

Date of admission

File: admissionform/June16

File: Admissionform/01/16

