CONFIDENTIAL

ADMISSION FORM

Little Oaks Preschool
4 Oak Close
Hurst Green Community Centre
Oxted RH8 0BA

Please complete in CAPITALS, or circle where necessary. All questions relate to information we need for legal, contractual and business purposes or to help us understand your child's needs. This document will be our main reference regarding your child and we ask you give your signed consent for each piece of data we collect and keep. It will be stored when not in use, in a locked cabinet. We follow the statutory retention guidelines for the length of time it will be kept.

Child's surname		Child's first name		
Name known as (if different from above)				
Date of Birth		Gender	MALE	FEMALE
Home Address				

Name of Parent /Carer 1				
Address				
Relationship to child				
Telephone numbers (tick priority contact)	Home		Work	
	Mobile		Other	
Contact email address				

Name of Parent/Carer 2				
Address				
Relationship to child				
Telephone numbers (tick priority contact)	Home		Work	
	Mobile		Other	
Contact email address				

Who has parental responsibility?	
Who has legal contact with the child?	
Which parent/carer does the child normally live with?	

Nationality		Language/s spoken by child	
Home language			

Pre-start home visit: We are keen to meet your child with you in your home environment before starting at Preschool. It helps the forming of a strong relationship between parents, practitioners and children and it starts the process of sharing information and building secure attachments.				
I confirm that I would like to arrange a pre-start home visit			YES	NO
Preferred time (tick)	Morning		Afternoon	

Collection of Child: Any person who does not have a password will not be able to collect your child.			
I confirm that I will circulate the password below to all contacts		YES	NO
PASSWORD IS…			
Parent/Carer signature		Date	

If parents/carers are unavailable please give details of who can be contacted in an emergency, and have authority to give permission for any necessary emergency medical advice or treatment:				
Name of Contact 1				
Address				
Relationship to child				
Telephone numbers	Home		Work	
	Mobile		Other	

Name of Contact 2				
Address				
Relationship to child				
Telephone numbers	Home		Work	
	Mobile		Other	

In an emergency, staff may be asked to provide information and give permission to NHS staff regarding your child's medical history and treatment. Please circle the statement appropriately and sign to give your consent?			
"I give/do not give permission for staff at Little Oaks Preschool to seek any necessary emergency medical advice or treatment and to discuss my child's medical history and give permission for treatment if needed"			
Parent/Carer signature		Date	

The following may be needed in the event of an emergency. Please confirm your consent for us to keep medical and vaccination details and share them with NHS staff, if required.			
Name of Doctor		Tel No.	
Address			
Name of Dentist		Tel No.	
Address			
Parent/Carer signature		Date	

Vaccinations - Is your child up to date with their vaccinations?		YES	NO
Parent/Carer signature		Date	

Medical allergies - Is your child allergic to plasters or medication? Please specify.	YES	NO

Parent/Carer signature		Date	

Interagency Information Sharing - it may sometimes be helpful to share information about your child's development with other agencies/settings your child attends, particularly at the time of transition. You will always be informed when this is happening and who with. **Please circle the statement below and sign to give consent:**
"I give / do not give permission for the setting to share information about my child's development with other agencies/settings"

Parent/Carer signature		Date	

Photographs - The setting uses cameras to record activities which aids planning your child's next steps in development. Please confirm consent for photographs to be taken of your child and displayed in the following.				
Within the setting	Parent/Carer signature		Date	
Tapestry online journal	Parent/Carer signature		Date	
Website	Parent/Carer signature		Date	
Facebook	Parent/Carer signature		Date	

Communication from Preschool - Please tell us your Facebook name/s and email address to enable us to 'invite' you to our closed group and to receive our newsletter, please sign to give your consent for each.			
Facebook name/s			
Parent/Carer signature		Date	
Email address			
Parent/Carer signature		Date	

Walks - I/We agree to my child participating on 'walk and talk' in the local area. Please sign to give your consent.	YES	NO
Parent/Carer signature	Date	

Special educational needs - Does your child have any special educational needs? If YES, please give details below, including support received – i.e. speech therapy	YES	NO
Parent/Carer signature	Date	

Special dietary requirements - Does your child have special dietary requirements either allergies or preferences - i.e. vegetarian, gluten-free. If YES, please give details below and sign your consent.	YES	NO
Parent/Carer signature	Date	

Health requirements - Does your child have any health requirements, i.e. inhaler, EpiPen. If YES, please give details below and sign your consent.	YES	NO

Parent/Carer signature		Date	

Distinguishing marks - Does your child have any distinguishing – i.e. birthmarks. If YES, please give details below and sign your consent.	YES	NO

Parent/Carer signature		Date	

Attending/attended other settings – Is your child attending, or have they attended, another setting. If YES, please give details below and sign your consent.	YES	NO

Parent/Carer signature		Date	

Contact from other agencies – Have your family had contact or support from agencies such as Social Services or Health Visitor? If YES, please give details below and sign your consent.	YES	NO

Parent/Carer signature		Date	

Child observations – I understand that my child's key person might take home the learning journey to update. If YES, please give your consent for this to take place.	YES	NO

Parent/Carer signature		Date	

Eligibility 30 hours – Little Oaks Preschool requires my 30 hours eligibility code to complete funding paperwork. Please give us your code and sign your consent.								YES		NO
10-digit eligibility code										
Parent/Carer signature								Date		

I confirm that Little Oaks Preschool will store the information from this Admission Form for reference at the setting in a locked cabinet and destroy after the appropriate statutory retention period has passed.			
Parent/Carer Name			
Parent/Carer Signature		Date	

I confirm this information is accurate at the time of registration and I will ensure that the Little Oaks Preschool is made aware of any changes or updates.			
Parent/Carer Name			
Parent/Carer Signature		Date	

Child's Name		Date of Birth	

Terms of Notice and Deposit Required
To reserve a place for your child please send a non-refundable £x deposit with the Admission Form to the correspondence address below, unless your child is starting Preschool at the time he/she has the Educational Free Entitlement. (Cheques payable to 'Little Oaks Preschool). Fees are payable within 2 weeks of the start of term unless by prior arrangement. The Preschool placement will be forfeited immediately if payment is not made. Bank holidays and sudden closures due to weather are payable.
A half terms notice is required when removing your child from Preschool. Failure to do so will require a half terms fees in lieu.

Collection of Child
Please be aware: **Any person who does not have a Password will not be able to collect your child from the Preschool.**

I confirm, I have read the above and agree to the terms and conditions			
Parent/Carer Signature		Date	

Days/Sessions Required - Please indicate the date you wish the required sessions to commence and the specific sessions and days. (We are only able to reserve from the September of any year due to demand of places. Should a place be required for a January, or later, your child's name will be added to a waiting list).	
Start Date/Year required	

Session	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (9am -12noon)					
Afternoon (9am -1pm)					
Full Day (9am - 3pm)					

Please Note: Your child will automatically keep the reserved place until they leave Preschool unless otherwise requested.