



ADMISSION AGREEMENT

Preschool & Day Nursery

Child's First Name Surname

Date of Birth Age

Home Address

Home Telephone No. Start Date

Mothers First Name: Surname

Fathers First Name Surname

Mothers Work

Work Telephone No. Mobile

Fathers Work

Work Telephone No. Mobile

For Office Use Only

Start Date	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YY"/>	Room	<input type="text"/>
Date Deposit Paid	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YY"/>		
Deposit Amount	<input type="text"/>				
Nursery Cam activated	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YY"/>		

Emergency Contacts

First Contact

First Name Surname

Relationship to Child Mobile

Home Telephone Work Tele

Address

Second Contact

First Name Surname

Relationship to Child Mobile

Home Telephone Work Tele

Address

Health Details

Doctor's Name Tele No:

Surgery Address

Health Visitor's Name Tele No:

Does your Child have any special needs? Yes No

Is your child on regular medication? Yes No

Does your child have any special dietary requirements? Yes No

Do you have any special words that you use for going to the potty/toilet or other needs? Yes No

Does your child have any known allergies? Yes No

If you have answered yes to any of the above please supply details below

Health Details Continued

Vaccinations

Please tick which vaccinations your child has had

Polio Yes No Date

Measles/Mumps/Rubella Yes No Date

Diphtheria/Whooping Cough/Tetanus Yes No Date

Meningitis C Yes No Date

HIB Yes No Date

Present Health

Does your child suffer from/have/need

Regular medical attention Yes No

Eyesight Problems Yes No

Hearing Problems Yes No

Asthma/Respiratory Problems Yes No

Hay Fever Yes No

Does your child require regular medication? Yes No

If you have answered yes to any of the above please give details.

Is there any other medical information you feel we should know about to provide care for your child?



Preschool & Day Nursery

Parents

Names:.....**and**.....

1. I/we have read and understood the terms and conditions listed in the Fee Schedule attached and agree that any failure on my/our part to comply with any of the payment conditions of that schedule may result in our child being prevented from attending the preschool/nursery. We understand that any changes to the fees will be given in writing with adequate notice.
2. That any changes in our contact numbers and or address will be notified to the preschool/nursery staff immediately.
3. Understand that it is our responsibility to check our parental post boxes regularly and that once letters and notices are placed in our post-box they are deemed as being delivered
4. That I/we have disclosed all relevant medical information about our child and will keep the preschool/nursery informed of any changes.
5. That I/we agree to allow our child to participate in activities. If any of these activities involves excursions outside the preschool/nursery, prior notification by the nursery staff will be enough.
6. That the preschool/nursery will use its best endeavours to ensure that only authorised persons as listed are able to collect our child.
7. If for any reason none of the listed authorized persons are able to collect our child I/we will contact the nursery and provide them with an alternative person and a password to be used. I/we understand that without this prior notification staff will refuse to release our child.
8. That if any matter requires the approval, notification to us, it will be sufficient for the preschool/nursery notify or gain approval from either one of us.
9. That I/we will provide medication as required and will record the requirements in the diary; the medication will be labelled by one of us and duly signed.
10. That I/we will notify the preschool/nursery in the case of sickness. I/we understand that if our child is off for more than two weeks without notification he/she could lose his/her place.

I/we have read and fully understood this acceptance agreement and agree to be bound by it and any subsequent amendments as notified from time to time by the preschool/nursery

Signed..... (Father)

Signed..... (Mother)

Date.....

Date.....