

Goldington Family Centre
30 Meadway, Bedford, MK41 9HU



PRE-SCHOOL ADMISSION FORM

Registered Charity Number 1108055

Child's full name			Position in family/siblings			
Preferred name/known as:						
Date of birth (certificate seen yes /no)	M/F	Ethnic origin	Religion		Is English 1st language? YES/NO	
Address			Named person for regular collection			
Post code			Password given to non named person.			
Three contacts must be given please			Contact telephone numbers			
1			1			
2			2			
3			3			
Emergency Name, relationship & telephone number if you cannot be contacted						
Tell us about your child (routines including sleep/rest times, pet names/words/comforter/dummy etc.)						
Child care required (please tick boxes)		Monday	Tuesday	Wednesday	Thursday	Friday
Mini Smarteez (2½ years) 9.15am-11.15am						
Pre-school session* 9.00am-11.30am						
Pre-school session* 1.30pm-4.00am						
*Pre-school sessions are only for children 3-5 years, sessions are term-time only						
Attendance All Year	YES/NO	Attendance Term-Time Only			YES/NO	
Permission for local outings	YES/NO	Available for Parent Help?			YES/NO	
Is your child in Public Care	YES/NO	Social Worker			Telephone No:	
Where did you find out about Smarteez ?						
Starting date				Keyworker		
Birth certificate copy required		Who has parental responsibility for your child. (Parents names on birth certificate)			Date	
Copy received YES / NO		1.				
		2.				

MEDICAL INFORMATION

Family Doctor		Telephone No:	
Address		Are you registered with a dentist	
		YES/NO	
Health Visitor		Telephone No:	
Any other Agency/professional support working with child (e.g. Speech Therapist)		Telephone No:	
Does your child have any Special Education Needs (please specify)			
Does your child have any of the following:-			
Asthma	YES/NO	Eczema	YES/NO
Epilepsy	YES/NO	Diabetes	YES/NO
Hearing problems	YES/NO	Sight problems	YES/NO
Speech problems	YES/NO		
Please give full details of any known allergies			
Food intolerances, likes/dislikes			
Fears or phobias			
Permission to use non-allergic plasters, antiseptic wash and sun cream			YES/NO
Has your child had a full programme of Inoculations			YES/NO
I give permission for the details of my child to be entered on the Centres confidential Database.			
Signature:		Date:	
Staff Comments:-			