



Ladybird Holiday Club



ADMISSIONS FORM

Name of Child:

Home Address:

..... Post Code:

Telephone Nos.: Daytime:..... Evenings:.....

Mother's Mobile:..... Work:.....

Father's Mobile: Work:.....

e-mail Address:(for newsletters, circulars, etc)

Date of Birth: / /

Parent's Names:

Guardian's Name:

Address if different.....

from above: Post Code:

Telephone Nos: Daytime:..... Evenings:.....

Emergency contacts: please give the names of three contacts (other than main carer) - in order of priority - should we need to contact someone for any reason.

Name	Relationship to Child	Location: Home/Work	Telephone No. (& Extension No.)

I confirm that the above emergency contact names have given their consent to be added to the above list and are happy to be contacted in case of an emergency or if we cannot get hold of either parent. YES / NO (please delete as applicable)

Name of Doctor:

Address:

Telephone No.:

Does your child have any allergies? YES / NO (please delete as applicable)

Can your child drink milk? YES / NO (please delete as applicable)

Is your child potty-trained? YES / NO (please delete as applicable)

Does your child have an illness? YES / NO (please delete as applicable)

Does your child have any medical needs? YES / NO (please delete as applicable)

Please specify:

Has your child had all current vaccinations? YES / NO (please delete as applicable)

Should there be an emergency whilst your child is at Ladybird Holiday Club, he/she will be taken to the surgery you are registered with in Oliver Street, Amptill.

Does your child have any special needs that the Ladybird Holiday Club Team should be aware of? Please specify:.....

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Please add any information you wish us to know below:

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Many thanks
Ladybird Holiday Club
February 2020