



Charity No.: 1152296

## **Ladybird Forest Pre-School**





## **ADMISSIONS FORM**

Name of Child:		•••••	
Home Address:			
			Post Code:
Telephone Nos.: [	Daytime:		Evenings:
	Mother's Mobile:		Work:
	Father's Mobile:		Work:
e-mail Address:		(1	for newsletters, circulars, etc)
Date of Birth:	//	Please si	upply copy of Birth Certificate
Parent's Names:			
Guardian's Name	:		
Address if differe	nt		
from above:			Post Code:
Telephone Nos: D	Daytime:		Mobile:
Additional Inforn	nation:		
Has your child be	en adopted?	YES / NO	(please delete as applicable)
Is your child unde	er special guardianship?	YES / NO	(please delete as applicable)
Has your child go	t a named Social Worker?	YES / NO	(please delete as applicable)
If yes, please can	you supply the following inforr	nation:	
Name of Social W	orker:		
Address:			
			Post Code:
Telephone Nos.: [	Daytime:		Mobile:

Company No.: 08260917 Ofsted Reference No.: EY 541389 PSLA Membership No.: 9584 Registered Name: Ladybird Forest Pre-School Ampthill

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) Has your child been diagnosed with Asthma YES / NO (please delete as applicable) Can your child drink milk? YES / NO (please delete as applicable) YES / NO (please delete as applicable) Is your child potty-trained? YES / NO Does your child have an illness? (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 Forest Pre-School, he/she will be taken to the surgery you are registered with in Oliver Street, Ampthill. Is your child registered with a Dentist? YES / NO (please delete as applicable) Name of Dentist: Address: Telephone No.: ...... Date of last Check-Up: ......

Does your child have any special friends, words or needs that Ladyb	ird Forest Pı	re-So	chool
should be aware of? Please specify:			
		•••••	•••••
NEF Funding			
If your child is in receipt of the 2-year old or 3/4-year-old funding whilst a	_	-	
be asked to complete a 'Parent Declaration' (Funding Form) at the be			
term. It is your responsibility to ensure that your child attends the allocation of the second second is booked to attend a session but is unexpectantly absent			
for short term periods, Central Bedfordshire Council will not penalise		•	
School by reclaiming the funding. If your child's absence, however, is reci	-		
periods of time, we are obliged to contact CBC who will look at each in	dividual case	e and	d will
use their discretion regarding whether or not to reclaim the funding.			
Should CBC decide to reclaim any of the funding under the above circumsta	ances, Ladybi	ird F	orest
Pre-School will look to recoup the reclaimed funding from the parents/session rates.	carers at the	'reg	gular'
I will ensure that my child attends the setting for the sessions	YES	/	NO
I will be claiming funding for from CBC whilst my child is at Ladybird Forest Pre-School	YES	/	NO
Holiday Club			
We run a Holiday Club during the October Half-Term, February Half-Tern	ո, Easter and	Sun	nmer
holidays. We would like to add your details to our mailing list when we			
about the Holiday Clubs. Please be advised that we admit children to t	_		
the age of 3 to 7 years. Any emails sent out will are blind copied – so no your email address.	other paren	it ca	n see

I am happy for my details to be added to the Holiday Club Mailing List

YES / NO