

ADMISSION FORM

Name of Child: Male: Female: Religion:

Date of Birth: Nationality: Ethnicity (optional):
(for equalities monitoring only)

Name of Parents:

Address:

Email address:

Home Telephone Number: Child minder's Name:

Father's Work Place: Tel. No:

Mother's Work Place: Tel. No:

Other Contact Name #1: Tel. No:

Other Contact Name #2: Tel. No:

Position in Family:

Names and Ages of Siblings

Please circle all Immunizations that your child has had and dates if possible:

Hib booster – Haemophilus influenza b(Hib) or Flu vaccine

Pneumococcal – (PCV) vaccine – 3rd dose

4-in-1 (DTaP/IPV), pre-school booster - diphtheria, tetanus, pertussis (whooping cough)

MMR vaccine, 2nd dose – mumps, measles and rubella

Anything else?

Please highlight any special needs, disabilities or special support required in the setting:

Please list all Infectious Diseases that your child has had:

Please highlight anything else we should know, e.g. allergies, medical conditions, dietary needs or preferences:

If your child has any illness, please give full details:

Details of Professionals involved with your child - GP, health visitor or social worker (if applicable)

GP's Name: Tel. No:

Address:

Health Visitor/Social Worker: Tel. No:

Address:

Any other professional: Tel. No:

Address:

Tick if these are in place for your child: SEND Support Plan: EHC (Education Healthcare) Plan

Does your child understand/speak English YES: NO:

Languages spoken at home:

Date required for entry to Nursery:

Date anticipated for leaving Nursery:

(this date is not binding, but please refer to our Regulations for *Notice of Leaving* once a place has been offered and accepted)

Sessions required (please tick all required):

Mornings (8.00 - 13.00): Mon Tue Wed Thu Fri

Afternoons (12.30 - 17.30) Mon Tue Wed Thu Fri

Full days (8.00 – 17.30): Mon Tue Wed Thu Fri

I WISH TO APPLY FOR ADMISSION OF THE ABOVE NAMED CHILD TO MONTESSORI NORTH OXFORD

Tick below to confirm your application and agreement to these statements:

I will complete the "All About Me" booklet (online) in advance of the child starting

I will read the "Settling-in Policy" (online) and co-operate with the Key Person assigned to my child

I have received and read the list of "Regulations of the Nursery" and I agree to comply with them fully

SIGNED:DATE:

Please indicate where you heard about the nursery: