



Stepping Stones Nursery Admission Form

Please complete clearly using capital letters

Child's details

| | |
|-----------------------------------|----------------------|
| Child's Surname | Forename: |
| Known as | Nationality: |
| Date of Birth | First language: |
| Child's Place of Birth: | Child's Bith Weight: |
| Home Address | Ethnicity: |
| Postcode | Religion: |
| Previous nursery attended: Yes/No | Tel: |
| Name & Address of Setting : | Leaving Date: |
| Reason for Leaving: | |

Please specify the sessions you require

| | Morning with lunch (8am -1pm) | Afternoon (1pm -5.30pm) | Full day (8am - 5.30pm) |
|-----------|----------------------------------|----------------------------|----------------------------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |

3/4year old Funded only sessions (15hours)

2yr old funded only sessions (15hours)

Start Date:



Primary carers - Name of Parents/Carers with whom the child normally lives:

| | |
|--|--|
| Relationship to the child | Relationship to the child |
| Title | Title |
| Surname | Surname |
| Forenames | Forenames |
| Address | Address |
| Postcode | Postcode |
| Home Telephone No. Mobile Telephone No. | Home Telephone No. Mobile Telephone No. |
| Work Details/Telephone No. | Work Details/Telephone No. |
| Email address: | Email address: |
| First Language: | First Language: |

Father/Mother's Details (if not already given above)

| |
|-----------------------|
| Father/Mother's Name: |
| Address: |
| Tel No: |

Do both parents (as per birth certificate) have parental responsibility for the child? YES / NO *

* if, No please give details *Legal document provided YES / NO

Details of any other members of the household (including siblings)

| Name | D.O.B | Gender | Relationship to child |
|------|-------|--------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Other Emergency contact details:

| |
|------------------------|
| Name: |
| Relationship to child: |
| Address: |
| Home Tel. Number: |
| Mobile Tel. Number: |

| |
|------------------------|
| Name: |
| Relationship to child: |
| Address: |
| Home Tel. Number: |
| Mobile Tel. Number: |



Health Information

| | |
|---|--|
| Does your child suffer from any medical conditions or disabilities: | |
| Does your child suffer from any known allergies or suspected allergies: | |
| Any Special dietary Requirements: | |

| | |
|--|---|
| Doctors Name: Name Of Surgery: Address: Telephone No. | Health Visitors Name: Address: Telephone No. |
| Dentist Name: Name Of Surgery: Address: Telephone No. | <p>Has your child had their Two year old check</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If Yes, please provide details of who carried out your child's two year old check ...</p> |

Immunisations

| | | | |
|---|----------------------------|----------------------------|--------------------------|
| My child has had the following immunisations, please provide dates for those that are relevant: | | | |
| Diphtheria | HIB | Measles (separate vaccine) | Mumps (separate vaccine) |
| Rubella (separate vaccine) | Meningitis C | MMR | Polio |
| Tetanus | Whooping Cough (Pertussis) | Other (please specify) | Other (please specify) |

| | | | | |
|---|---------|-------|----------------|------------------------|
| My child has had the following childhood illnesses / diseases, please tick all those that are relevant: | | | | |
| Chicken Pox | Measles | Mumps | Whooping cough | Other (please specify) |

| | | | | |
|--|------------------------|--------|--------|----------|
| There is a history of the following family illnesses/ conditions/ disabilities, please tick all those that are relevant: | | | | |
| Tuberculosis | Convulsions | Eczema | Asthma | Diabetes |
| Heart Condition | Other (please specify) | | | |



Involvement of other professionals

Are there any other professionals involved with your child? E.g. Social services, Speech therapy, SEN, etc.
If so, please provide details below:

Do you require the support of any professionals at this present time

Do you or any family member require the support of any other professionals ? E.g. Family support, behaviour management, speech & language, depression, drug or alcohol abuse. If so, please provide details below:

Declaration

I would like to reserve a place for my child at Stepping Stones Nursery and have provided all documentation as stated above. I have also paid a non refundable registration fee of £60 (if applicable) in order to secure a place.

The information provided on this admissions form is a true statement of my circumstance. I understand that if I give false information it will put any placement offered at risk, and Stepping Stones Nursery reserves the right to withdraw the place if this occurs.

Name of Parent/ Carer (print name in full): _____

Signature: _____

Date: __/__/__

Documents required on admission

- Birth certificate
- Immunisation book (Red Book)
- Professionals information (SEN statements, Doctor's letters, etc)
- Court documents (if restrictions in collecting the child applies / parent responsibility)
- Proof of primary carer's address (within 3 months)
- Proof of ID- (photo)
- Registration Fee

All details on this admission form have been completed and checked, all relevant documents as detailed above have been provided by parent/carer

Management Signature: _____ Print Name : _____ Date: __/__/__