



Admission Form

(Please bring your child's Red Book & Birth Certificate to Admission)

The information requested on this form will only be used and stored in a manner that complies with the Data Protection Act 1984 and 2018 GDPR legislation and all subsequent amendments. You have a right to examine data held in your name.

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|--|---|--|------------|--|
| Child's name: | | Address: | | |
| Date of Birth: | M | F | Post code: | |
| Home language(s): | | | | |
| Ethnicity: | | | | |
| Mother Name: Date of birth: Address: if different from above | | Biological Father Name: Date of birth: Address if different to above. | | |
| Home telephone contact: Mobile number: Work telephone contact: | | Home telephone contact: Mobile number: Work telephone contact: | | |
| PARENTAL RESPONSIBILITY yes <input type="checkbox"/> n <input type="checkbox"/> | | PARENTAL RESPONSIBILITY yes <input type="checkbox"/> n <input type="checkbox"/> | | |
| Primary carer (if not mother or father) Name Date of birth: Relationship to child: Address (if different from the child's address above) | | | | |
| Home telephone contact: Mobile number: Work telephone contact: | | | | |
| PARENTAL RESPONSIBILITY yes <input type="checkbox"/> no <input type="checkbox"/> | | | | |
| Is this child Looked After by the local authority e.g. living with Foster Carers? yes <input type="checkbox"/> no <input type="checkbox"/> If YES please give details below including the name and contact details of the child's social worker | | Is this child being cared for by another family member under a voluntary arrangement, Child Arrangement or Special Guardianship Order? yes <input type="checkbox"/> no <input type="checkbox"/> If YES please give details below | | |
| Has anyone with parental responsibility for the child ever served in HM Armed Forces as a Regular or Reservist? yes <input type="checkbox"/> no <input type="checkbox"/> If YES please give details below | | | | |
| You can access additional support for your child and family via the Veterans' Gateway Tel 0808 802 1212 | | | | |
| Other family members living at the child's address Brothers and sisters | | | | |



| | |
|--|--|
| Name Date of birth: EY setting/ school attended Relationship to child: brother/ sister/ other | Name Date of birth: EY setting/ school attended Relationship to child: brother/ sister/ other |
| Name Date of birth: EY setting/ school attended Relationship to child: brother/ sister/ other | Name Date of birth: EY setting/ school attended Relationship to child: brother/ sister/ other |

Other family members/ adults living at the child's address

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|---|---|
| Name: Date of birth: Relationship to child: | Name: Date of birth: Relationship to child: |
|---|---|

Other significant adults / frequent visitors who visit the home or who are part of the family support network

| | |
|---|---|
| Name: Date of birth: Relationship to child: Telephone contact: | Name: Date of birth: Relationship to child: Telephone contact: |
|---|---|

People (over the age of 16) with permission to collect your child:

| | |
|---|---|
| Name: Date of birth: Relationship to Child: Telephone contact: | Name: Date of birth: Relationship to Child: Telephone contact: |
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Emergency Contacts

| | |
|---|---|
| Name: Address: Tel: Relationship to child: | Name: Address: Tel: Relationship to child: |
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Any special circumstances or information that our setting should know about in order to help and support your child e.g. family situations, restrictions on collecting etc.

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| About your child | | |
| Please could you answer the questions below to give us a better understanding of your child's needs and any additional support we can offer to you in your role as a parent | | |
| 1. Do you think your child is healthy? | | |
| Yes | No | Not sure |
| Please tell us here about the things (good and bad) that you think affect your child's health | | |
| 2. Do you think your child is safe from harm? | | |
| Yes | No | Not sure |
| Please tell us here about the things (good and bad) that you think affect your child's safety | | |
| 3. Do you think that your child is learning and developing properly? | | |
| Yes | No | Not sure |
| Please tell us here about the things (good and bad) that you think affect your child's learning and development | | |
| 4. Do you think your child has positive relationships with other people? | | |
| Yes | No | Not sure |
| Please tell us here about the things (good and bad) that you think affect your child's relationships with other people | | |
| 5. Do you have the practical things you need to meet your child's needs? | | |
| Yes | No | Not sure |



Please tell us here about any practical things that affect your ability to care for your child. This could include things like housing, financial, debt and relationship problems, domestic abuse or worries about drugs or alcohol or mental health

What would help you to meet your child's needs?