

Yes/no

If yes, please give their name(s) and age:

Bearpark Primary School Pre-School Admission Form

Name:			Date of birth:			Ethnic Origin:	
Language:			Religion	:		Nationality	:
Address:							
Preferred start date	::						
Sessions Required		1			1	1	
	Monday	Tuesday	\\	Wednesday	Thur	sday	Friday
Half session am							
9.00am – 12pm Half session pm							
12.30pm - 3.30pm							
Full Day							
9.00am - 3.30pm							
PARENT/CARER CC Please state the na		who have par	rental cor	nsent:			
1 st contact		2 nd contac	ct		3rd con		act
Name:		Name:				Name:	
Relationship: Relationship:		Relationsh	hip:		Relationship:		
Tel no:		Tel no:				Tel no:	
Mobile:		Mobile:				Mobile:	
Email:		Email:				Email:	
Does your co	hild have any sibli	ngs who curr	rently atte	end Bearpark P	rimary	or who ma	y be attending in



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HEALTH CONTACTS	<u> </u>					
Doctor	Health visitor					
Name:	Name:					
Surgery:	Surgery:					
Address:	Address:					
Tel no:	Tel no:					
IMMUNISATIONS						
Diphtheria:	Polio:					
HIB:	Tetanus:					
Meningitis C:	MMR:					
Whooping Cough:						
Please detail below if any other agency that may be involved with your child:						
Does your child have a Statement of Special Educational Needs or will they require additional support in pre-school? Yes/No						
If yes, please provide us with details:						
Does your child have an allergy /dietary requirements?						
SUN CREAM:						
We ask that in warmer weather you provide suitable clothing for your child as well as high factor sun cream: I do / do not give permission for staff to apply sun cream to my child:						
Parents signature:	Date:					
Photographs: We take photographs on a daily basis within the EYFS setting. We use the photographs to inform us of your child's development and progress. We may upload photographs onto our school website. I give permission for my child's photographs to be uploaded onto the school website:						
Parents signature: Da	ate:					