



Admissions Form

Please ensure that you give as much detail about your child as possible, if you would prefer to fill in the form in discussion with us, then please ask – it won't be a problem!

Child's full name:	Child's date of birth:
Child's known name (if different to above)	
Is your child's home language English? YES / NO	
If not, what is their home language?	
Religion (optional):	
Parent/Guardian full name:	Parent/Guardian full name:
Family address:	Family address:
Contact numbers during sessions: Home:	Contact numbers during sessions: Home:
Work:	Work:
Mobile:	Mobile:
Email address:	Email address:
Are you happy for us to also send you letters and newsletters by email? YES / NO	Are you happy for us to also send you letters and newsletters by email? YES / NO
Please provide details of anyone is not legally allowed to contact your child:	
Please provide details of any safeguarding, child protection or legal measures which have been put in place for the protection of your child:	

Please provide details of two people who can collect and have your authority to act in an emergency for your child.

Name:

Contact number:

Relationship to child

Name:

Contact number:

Relationship to child:

Please ensure that you tell any additional adults that you have given us their contact details so that we can contact them if we are unable to speak to you if your child is unwell, has an accident or is uncollected at the end of the session.

In the event that no one can be contacted, in an emergency the Playgroup Manager will allow other trained professionals to make decisions in the best interest of your child (e.g. medical staff)

Child's doctor:

Surgery name, address and telephone number:

Has your child any medical condition we should be aware of? (Asthma, eczema etc.) YES / NO
Details:

Has your child any allergies or food intolerances? YES / NO
Details:

If yes, how does your child react to these? (So that we know the symptoms to look for in cases of emergency)

Does your child have any other diagnosed special needs and / or need any additional support?
YES / NO

Details:

Are there any other professionals involved with your child? E.g. speech therapy or paediatrician:
YES / NO

Details:

Name:

Contact details:

Will your child be attending any other childcare setting as well as Reigate Parish Playgroup?
e.g. another Nursery, a child minder or a Nanny?

YES / NO

Details:

Name of setting:

Contact details:

Name of Key person:

I wish to enrol my child at Reigate Parish Playgroup. I understand that staff will share EYFS profile data with the local authority. I understand that staff will raise safeguarding concerns with the Local Safeguarding Children Board. I understand that staff might decide to do this without my knowledge if they were sufficiently concerned about my child.

Signed:

Date:

Name of parent enrolling child:

Child's name:

If you would like information about why we collect your data and how we use it, please refer to the website: reigateparishplaygroup.org.uk