

10.3 Admission form



Ashridge Nursery Admission Form

Family Name:	First Names:	
Address:	Known as:	
	Date of Birth:	Male/Female
Postcode:	B/C Seen:	
Home Telephone No:	Email Address:	
Position in family:	Religion:	
Mother's Name:	Father's Name:	
Occupation:	Occupation:	
Mobile No:	Mobile No:	
Work No:	Work No:	
Who has Parental Responsibility for this child?		
Child to be met by:		
Childminder Name:		
Address:	Home No:	
Postcode:	Mobile No:	
Emergency Contact (should parents be unavailable):	Doctor's Name & Address:	
Name:		
Relationship to child:		
Address:		
Telephone:	Telephone:	



Any known allergies:	Any known medical conditions or birth marks:
Any known special needs:	Details of Immunisation:

Consent:

Please tick the boxes for the statements you agree with.

I give permission for Ashridge Nursery staff to administer first aid and/or seek medical attention for my child, should it be necessary, in an emergency.

I have received a copy of Ashridge Nursery's Data Privacy Notice.

I am happy for Ashridge Nursery to contact me via email

I am happy for Ashridge Nursery to contact me via telephone

I am happy for Ashridge Nursery to contact me via Text Message for reminders or urgent news

Signed

Date