

Application to join Stowupland Pre-School & The Mighty Oaks

Name of child

Date of birth

Name(s) and address of parent(s)/carer(s).....

.....

.....

Postcode Telephone

Mobile numbers.....

Religion

Nationality

Please list 3 names and telephone numbers of people, other than yourselves, with permission to collect your child from the pre-school.

.....

.....

.....

Please provide a password for those unknown to the pre-school, to be used when they collect your child, collection book to be completed – see a staff member.

.....

Please provide any names of those who may **not** collect your child from the pre-school.

.....

Signature of parent

Date

Pre-School use only:

Keyworker:

Start:

Leave:

Other information

Doctor's name

Address

.....

Telephone number

Health visitors name

Hearing test (when) and the result was

Have you been referred to a Speech therapist? If yes, please give details below.

.....

Vaccinations (please tick)

MMR _____

Polio _____

Whooping Cough _____

Tetanus _____

Hib _____

Other (please name)

.....

Allergies

.....

.....

.....

.....

.....

Special needs

.....

.....

.....

.....

.....

All about me

We hope that your time with us will be a happy one and to help your child settle into our group we have put together this questionnaire to provide us with a valuable profile of each individual child, please ask your child/children to help fill it in.

All about me

My full name is

At home I am called

I live with.....

..... (include any pets).

During the day I am looked after by

Groups/Clubs I have attended

I like to talk about

.....

When I need the toilet I say

Sociability

I play with my friends occasionally/once a week/every day.....

What I like doing – my favourite:

Games are

Hobbies are

Stories/books are

Toys are

TV programmes/films are

Animals are

Foods are

Things I dislike or which frighten me are

.....

.....

Please ask your child to draw a picture in the space below.

This is a drawing by

DateAgeyears.....months.....