

Admission Form



Dear Sir/Madam,

Thank you for your interest in Skylark. We need registration details about your family before your child can start nursery. Please complete the form below, then sign and return it to us as soon as possible. This information will be held on file and used in accordance with the Data Protection Act.

Persons with Parental Responsibility / Main Contacts

Title First Name Last Name
Relationship to child

Phone Numbers

Day Night Mobile
Email

Address

Line 1
Line 2
Town County Postcode

Title First Name Last Name
Relationship to child

Phone Numbers

Day Night Mobile
Email

Address

Line 1
Line 2
Town County Postcode

Child

Last Name First Name
Date of Birth Place of Birth
Gender
Languages spoken 1st Other(s)
Sibling Name(s) / age(s)

Address

Line 1
Line 2
Town County Postcode

Pass Phrase

Skylark Day Nursery, Murray Street, Falsgrave, Scarborough, YO12 5AB.

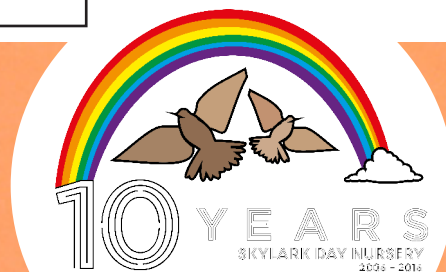
Telephone: 01723-375757

E-mail: admin@skylarkdaynursery.com

Owners: Sarah Emms and Tracey Elliott-Hobson.

Deputy Manager: Nicola Butcher

OFSTED Registration EY31 68 28



Other nurseries in use

Nursery 1
Nursery 2

Previous nursery **Leaving date**

Doctor

Doctor Name Surgery
Tel Tel (Out of Hours)

Dentist

Name Practice
Tel Tel (Out of Hours)

Health Visitor

Name Tel

Social Worker

Name Tel

Medical conditions and special diet notes, including any allergies and any agencies supporting your child

General Notes. Please tell us about your child's interests, cultural background, likes, dislikes, etc:

Ethnicity (Please tick one option from the list below)

- White, British
- Asian or Asian British, Bangladeshi
- White, Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- White, any other White Background
- Mixed, White and Black Caribbean
- Mixed, White and Black African
- Mixed White and Asian
- Mixed, any other mixed background
- Asian or Asian British, Indian
- Asian or Asian British, Pakistani
- Asian or Asian British, Any other Asian Background
- Black or Black British, Caribbean
- Black or Black British, African
- Black or Black British, Any other Black background
- Chinese
- Any other ethnic background
- Do not wish to be recorded

Consent (Please tick if you consent to the following):

- I consent to my child having prescribed medicines administered; 'Medical conditions and special diet notes'.
- I consent to my child participating in off-site outings.
- I consent to my child having their photograph taken for use in the nursery and for publicity.
- I consent to my child having their photograph taken for use in the nursery's Learning Books (digital learning journeys). I understand that some photos may appear on other nursery children's profiles, if they are observed by staff whilst doing an activity together.
- I consent to my child participating in face painting activities.
- I consent to the setting staff administering Emergency First Aid and to seek necessary medical advice or treatment as required.
- I consent to my child having sun screen applied as required.
- I consent to my child taking part in planned and impromptu nursery trips.
- I consent to my child being transported to and from trips in the nursery 'Smurf Van'.

Trusted Family Friends / Adult Family Members

Title First Name Last Name
Relationship to child

Phone

Day Night Mobile

Address

Line 1
Line 2
Town County Postcode

Title First Name Last Name
Relationship to child

Phone

Day Night Mobile

Address

Line 1
Line 2
Town County Postcode

Further information

Please tell us anything else which will help us to care for your child and make time at Nursery more enjoyable

Declaration

I would like my child, , to attend Skylark Day Nursery. I have read the Admissions Policy and I agree to its terms and conditions. I enclose a deposit of £ (one full day's fees). If we find we no longer need a place we will inform the setting as soon as possible. (Deposit non-refundable).

Signed (Parent/Guardian) **Date**

For marketing purposes we would be grateful if you could tell us where you heard about Skylark Day Nursery

Sessions Required - Please tick all applicable

- Funded 2 year term time/full time
- Funded 3/4 year term time/full time
- Non Funded

Full Days - tick all applicable:

Half Day(s) - tick all applicable:

- | | | | | | | | | | | | |
|-----------------|-------------------------|--------------------------|-------------------------|--------------------------|-------------------------|-----------------|-------------------------|--------------------------|-------------------------|--------------------------|-------------------------|
| 8.00am-6.00pm | M <input type="radio"/> | Tu <input type="radio"/> | W <input type="radio"/> | Th <input type="radio"/> | F <input type="radio"/> | 8.00am-1.00pm | M <input type="radio"/> | Tu <input type="radio"/> | W <input type="radio"/> | Th <input type="radio"/> | F <input type="radio"/> |
| 8.00am – 5.00pm | M <input type="radio"/> | Tu <input type="radio"/> | W <input type="radio"/> | Th <input type="radio"/> | F <input type="radio"/> | 1.00pm – 6.00pm | M <input type="radio"/> | Tu <input type="radio"/> | W <input type="radio"/> | Th <input type="radio"/> | F <input type="radio"/> |
| 9.00am – 6.00pm | M <input type="radio"/> | Tu <input type="radio"/> | W <input type="radio"/> | Th <input type="radio"/> | F <input type="radio"/> | | | | | | |

Proposed Start Date:

To be completed by The Manager:

Date application received & by whom _____

Date _____ and amount of payment received £ _____

Confirmed Sessions _____

Confirmed start date _____

Area _____

Key Person _____

Confirmed by: email/post/telephone Date _____

Learning Book:

Name: _____

User name/Email: _____

Password: _____

Name: _____

User name/Email: _____

Password: _____