

Cambo Pre-school

Cambo First School Cambo Morpeth Northumberland NE61 4BE Tel No. 07887 409641

ADMISSIONS FORM

To be completed before your child attends please.

CHILD'S NAME:	
Preferred name to be used in Preschool (if applicable):	
Date of Birth:	
Home Address:	
Talanhara Niyashari	
Telephone Number:	
Access Arrangements (if applicable): (Who has legal contact with child,	
parental responsibility?):	
PARENT 1 - NAME	
Address: (If different to child)	
Telephone Number:	
Mobile:	
Email address:	
Work Place & Telephone Number:	
PARENT 2 - NAME:	
Address: (If different to child)	
Telephone Number:	
Mobile:	
Email address:	
Workplace & Telephone Number:	



NAME OF CARER/EMERGENCY			
CONTACT:			
Relationship to Child:			
Telephone Number:			
Mobile:			
CHILD'S DOCTOR (NAME):			
Practice Address:			
Telephone Number:			
Do you give permission for us to share relevant information with your doctor?	YES / NO (Please circle)		
HEALTH VISITOR (NAME):			
Practice Address:			
Telephone Number:			
Do you give permission for us to share relevant information with your Health Visitor?	YES / NO (Please circle)		
CHILD'S DENTIST (NAME):			
Practice Address:			
Telephone Number:			
SPECIFIC DIETARY			
REQUIREMENTS:			
(Include preferences & allergies e.g.			
nuts). HEALTH REQUIREMENTS:			
(Include relevant medical history,			
allergies: elastoplasts, bees/wasps etc).			
EMERGENCY TREATMENT	r illness, I consent to my child receiving any necessary medical		
Signed:	Date:		
RELIGIOUS AND CULTURAL BELIEFS: At Cambo Pre-school we have a multi-cultural curriculum. We learn about different cultures and faiths			
	through planned activities. If you celebrate any festivals or special occasions that you would like to see		
acknowledged and celebrated in Pre-school, please tell us here.			

Would you be willing to help us celebrate any festivals or celebrations? YES / NO (Please circle)

LANGUAGE: What language is spoke at home?	n	
at nome:	(If English is not the main language at home, how can we support your child in Pre-school? Please discuss with your key person).	
INCLUSIVE REQUIREMENTS Does your child have any additional needs? YES / NO (Please circle) If yes, please discuss details with your key person. Details of any additional needs for your child will be kept in a separate document to this registration form.		
Needs were discussed and agreed upon:	Sign: Date:	
Is the following in place for your child:		
SEN Support:	YES / NO (Please circle)	
PROFESSIONAL CONTACTS Please include details of all other profe	essionals involved with your child. (Continue overleaf if necessary).	
Professional Name 1: Role: Telephone Number:		
Telephone (Valide)		
Professional Name 2: Role: Telephone Number:		
Professional Name 3: Role: Telephone Number:		
OTHER INFORMATION Background information on your child may help us to understand him/her – any brothers and sisters, recent events that have affected your child, toileting issues, comforters, special words, etc (Continue overleaf if necessary).		

Documents\WRAPAROUND\PRE-SCHOOL\Admin\Template\Pre-school Admission - form.doc