

# Admissions Form

## *Cherubs Pre-School*

*Linton Village Hall, Linton Hill, Linton, Maidstone, Kent ME17 4AP*  
*Tel 01622739218 / 07947776140*

Sessions Preferred: Monday/Tuesday/Wednesday/Thursday/Friday

Name of Child:.....Date of Birth:.....

Address:.....  
.....Postcode .....

Tel No:.....

Nationality:.....Religion:.....  
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Emergency Contact:.....Tel No:.....

Relationship to Child (eg friend, auntie, grandparent):.....

Doctors Name:.....Tel No:.....  
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Are your child's immunisations up to date?.....Yes/No

Does your child suffer from any allergies? Yes/No.

If Yes please specify .....

Is your child taking regular medication for:

Diabetes....Yes/No

Epilepsy.....Yes/No

Asthma.....Yes No

Eczema.....Yes/ No

**Kindly note, members of staff are unable to administer medication/inhalers without written consent.**

Are there any circumstances or health problems affecting your child which the Pre-School should be aware of? If so, please state:.....  
.....  
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Please nominate 2 authorised persons to whom we can release your child:

Name:.....Name:.....

Address:.....Address:.....

Tel No:.....Tel No:.....

Relationship to Child:.....Relationship to Child.....

**If in an emergency I cannot be contacted, I agree to the person in charge of my child giving consent on my behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.**

Signed:.....(Parent/Guardian) Date:.....

I have read and understand the policies of Cherubs Pre-School.

Signed:.....(Parent/Guardian) Date:.....