

Admission form

CHILD'S DETAILS

Child's first name:		Address:
Surname:		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Please tick box		
Date of Birth: DD/MM/YYYY	Age: years <input type="checkbox"/> months <input type="checkbox"/>	
Nationality:	Ethnicity:	Postcode:
Number of session I would like my Child to attend? Please tick box		Home Tel No:
1 session <input type="checkbox"/>	4 sessions <input type="checkbox"/>	Email:
2 sessions <input type="checkbox"/>	5 sessions <input type="checkbox"/>	
3 sessions <input type="checkbox"/>		Child's language spoken at home:

FATHER'S DETAILS

Full name	Job Title:
Place of work address:	National Insurance No:
	Date of Birth: DD/MM/YYYY
	Phone No:

MOTHER'S DETAILS

Full name:	Job Title:
Place of work address:	National Insurance No:
	Date of Birth: DD/MM/YYYY
	Phone No:

PERSONS AUTHORISED TO COLLECT CHILD

Name:	Tel No:	Relationship to child:
Name:	Tel No:	Relationship to child:

EMERGENCY CONTACT NAMES & NUMBERS

Contact person:	Contact Tel No:	Relationship to child:
Contact person:	Contact Tel No:	Relationship to child:

MEDICAL

Name of Doctor:	Doctor's Address:
Any known medical condition:	
Any known allergies or dietary requirements:	
Does your child have special educational needs or disabilities? Please tick box Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, to the above, please specify:	

Term & condition

GRANTS: only those children who are aged 3 years to under 5 years old are eligible for the Nursery Education Grant.

TERMINATION OF PLACE: parents who wish to terminate their child's place MUST give 4 weeks' notice in writing so that a place can be offered to others on the waiting list. In the event of no notification, full charges will be incurred.

I, parent/Guardian of (child name) _____ have given full details of the child to the best of my ability and I accept all the terms and condition stated above. I understand that I am required to pay the sum of £25 per term for snack.

Signed _____

Date: _____

We would like to take this opportunity to say *Jazakal'h* for choosing to send your child to the Al-Ashraf Nursery and *Inshal'h* we hope that both you and your child have an enjoyable time here with us. We look forward to seeing you in September *Inshal'h*.

OFFICE USE ONLY

30 hour eligibility codes:

Term 1: _____

Term 2: _____

Term 3: _____

Recipient of 2 year funding code:

TYF-

Recipient of 3-4 year funding Yes No

Paying for Extra sessions Yes No

If yes how many?