

# **NORTH LEIGH PRE-SCHOOL BREAKFAST CLUB ADMISSION FORM**

Please complete this form for admission to the pre-school breakfast club. If you have two children, you need only complete one form. (Please ask for another form if you have more children who want to attend the breakfast club) The provision of accurate information helps us to see that your child(ren) and other children get the best from their time with us. It is important that you tell us if there are any changes to the information you give and, from time to time we may ask you to confirm that the information which we hold is correct. If you have any questions concerning the completion of this form, please contact the pre-school supervisor.

This information is for breakfast club records only. This form will be destroyed when your child leaves.

## **PUPIL 1: DETAILS**

Surname/family name: .....

Forename: .....

Middles Name(s) ..... Chosen Name: .....

Gender: ..... Date of Birth: .....

## **PUPIL 2: DETAILS**

Surname/family name: .....

Forename: .....

Middles Name(s) ..... Chosen Name: .....

Gender: ..... Date of Birth: .....

Child/children's address:

.....

.....

Post code ..... Telephone number.....

1. Parent's name .....

Address (if different from child)  
 .....  
 .....

Home tel: number .....

Mobile no: .....

Email: .....

Work contact details, including phone number  
 (for emergency use if necessary)  
 .....  
 .....  
 .....

2. Parent's name .....

Address (if different from child)  
 .....  
 .....

Home tel: number .....

Mobile no: .....

Email: .....

Work contact details, including phone number (for  
 emergency use if necessary)  
 .....  
 .....  
 .....

Ethnic group (please circle which group best describes your child's ethnic origin)

Any other Asian background	White/Asian
Bangladeshi	White/Black Caribbean
Indian	Information not obtained
Pakistani	Any other ethnic group
Black Caribbean	Refused to give
African	Any other white background
Any other black background	British
Chinese	Irish
White/Black African	Traveller – Irish Heritage
Any other mixed background	Roma/Roma Gypsy

Religion: (please circle)

Buddhism	Judaism	Prefer not to state
Christianity	Sikhism	
Hinduism	Other	
Islam	None	

**DIET**

Please advise us below if your child is allergic to any food or drink or if there is any foods/drink that you do not want your child to be given for religious reasons.

.....  
.....

**MEDICAL DETAILS:**

Name of Doctor: .....

Address of Doctor: .....

.....

Telephone Number of Doctor: .....

Please delete as appropriate:

If your child soils him/herself, do we have permission to wash and change him/her?

YES/NO

If it is necessary, do we have permission to apply a hypo-allergenic plaster to your child?

YES/NO

In the event of an emergency, and if ALL contacts listed on this form are unavailable, do we have permission for two members of the Pre-School staff to take your child to an emergency medical unit for treatment, or if necessary, telephone for ambulance assistance?

YES/NO

*If your child attends school and is to use the breakfast club, a member of the Pre-School staff will accompany them to school at the end of the session.*

**EMERGENCY CONTACTS: (NOT PARENTS – TWO OTHERS)**

In the event of an emergency we always contact one of the child’s parents in the first instance. We do ask, however, that you also give the names and addresses of at least two **other** contacts in the event that we cannot contact you.

**Emergency Contact 1:**

NAME: .....

ADDRESS: .....

HOME TELEPHONE: ..... WORK TELEPHONE: .....

**EMERGENCY CONTACTS: (NOT PARENTS – TWO OTHERS)**

In the event of an emergency we always contact one of the child’s parents in the first instance. We do ask, however, that you also give the names and addresses of at least two **other** contacts in the event that we cannot contact you.

**Emergency Contact 2:**

NAME: .....

ADDRESS: .....

HOME TELEPHONE: ..... WORK TELEPHONE: .....

Parent name.....

Parent signature..... Date.....

**Breakfast Club times: 7.45am – 8.45am**

Requested days:

Monday	Tuesday	Wednesday	Thursday	Friday

**Breakfast club = £6.50 per day (breakfast included)**

**Please contact:** Angela Buckingham on telephone 01993 880092

Or email: [northleighpre-school@outlook.com](mailto:northleighpre-school@outlook.com)