



## WATERSIDE ADMISSION INFORMATION FORM

### Child Information

First name.....Middle name(s).....

Surname.....

Birth Certificate seen - YES/NO      Male/Female      Date of birth.....

Child likes to be called.....Pronunciation.....

Home address.....

Post code.....Telephone no.....

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### Family Information

#### 1. Name of mother: Mrs/Miss/Ms

First name.....Surname.....

Address.....

Post code.....Marital status.....

Email address.....

Tel.Nos. Home.....Work.....Mobile.....

**DO YOU HAVE LEGAL RESPONSIBILITY AS A PARENT / GUARDIAN? YES / NO**

#### 2. Name of father/partner:

First name.....Surname.....

Address (if different to above)  
.....

Post code.....Email address.....

Tel. Nos. Home.....Work.....Mobile.....

**DO YOU HAVE LEGAL RESPONSIBILITY AS A PARENT / GUARDIAN? YES / NO**

**Pupil Premium Check: Please provide your national insurance number and date of birth –**

Mother: National Insurance No.....Date of birth.....

Father: National Insurance No.....Date of birth.....

Is your child a 'looked after child' via the Local Authority Children's Services?

YES / NO

If yes, which Local Authority?.....

Is your child privately fostered? YES / NO

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**Additional Information:**

Child's first language at present..... Is English understood/spoken? YES /NO

Do you speak another language at home? If so, please advise.....

The most useful written language for the family is.....

Is an interpreter needed for us to communicate with parents/carers? YES / NO

Ethnic origin.....

Preferred language.....

Religion/culture/festivals celebrated.....

**Names and ages of brothers/sisters:**

Name..... Age.....

Name..... Age.....

Name..... Age.....

**IMPORTANT CONTACTS**

We require details of **two** people (**NOT YOURSELVES**) who we can contact in an emergency and can get to Waterside within 30 minutes.

**1.**

Name.....

Address.....

Postcode.....

Telephone Nos.

Home.....Mobile.....Work.....

Relationship to child..... Known to the child as.....

**2.**

Name.....

Address.....

Postcode.....

Telephone Nos.

Home.....Mobile.....Work.....

Relationship to child..... Known to the child as.....

**PASSWORD**.....

(We require an agreed password for identification purposes)

**IS THERE ANYONE WHO IS NOT TO COLLECT YOUR CHILD?**

Please detail below:

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**Health Information**

Name of Doctor.....

Practice Address.....

Tel no.....

Name of Health Visitor.....

Is your child registered with a dental practice? Name of dentist.....

Does your child have any allergies? .....(Please give details).....

What is your child’s reaction to this allergy?.....

What should we do?.....

Any health problems/information:

Special dietary needs for medical/religious reasons:

Are you in receipt of Disability Living Allowance for your child?.....

Are there any other professionals involved with your child? ie. Paediatrician, Social worker, Speech and Language Therapist

**Vaccinations/Immunisations received by child to date (please circle):**

Polio / Tetanus / Diphtheria / MMR / Whooping Cough / Hib / Meningitis C

Date next due.....

When was your child’s last development check?.....

Were any issues identified? Please detail.....

Do you have any other concerns? Please detail.....

Is your child’s speech easily understood by yourself/others?.....

Childhood illnesses to date.....

Special dietary needs: Please detail

Fears that we should be aware of: Please detail

**Is there anything else you feel is important that we know or understand about your child?**

(e.g. hospitalisation, any changes in family life, bereavement, moving home, please detail

**ATTENDANCE INFORMATION**

**Will your child be attending any other early years setting during their time here? YES / NO**

If yes please detail.....

**What have they attended in the past?**.....

Would you like information regarding Working Family Tax Credit/Other.....

We welcome parental involvement. Is there any way in which you feel you would like to be involved?.....

**Declarations of Consent**

Should any urgent matters of concern arise, I/we give permission for my/our child to be given emergency treatment as necessary, and/or contact to be made with the appropriate medical/health/social services authorities.

**Name**.....**Signature**.....**Date**.....

**Name**.....**Signature**.....**Date**.....

**Sharing information:**

I/We understand that development/progress reports of children will be shared with relevant agencies.

**Name**.....**Signature**.....**Date**.....

**Other permissions:**

I/We give permission for photographs/filming of my/our child to be taken and used for:

- Individual photos/videos for assessments (Tapestry) Yes/No
- Joint photos/videos for assessments (Tapestry) Yes/No
- Website/brochures Yes/No
- Training courses Yes/No
- Displays Yes/No
- Press releases Yes/No
- Newsletters Yes/No

**Name**.....**Signature**.....**Date**.....

**Declaration:**

I/We will not share any photos/videos from assessments (Tapestry).

**Name**.....**Signature**.....**Date**.....

I/We give permission for my child to be taken out:

- In a pushchair Yes/No
- On reins Yes/No
- Holding hands with a carer Yes/No
- On a bus Yes/No
- In a mini-bus Yes/No
- On a train Yes/No
- On a coach Yes/No

**Name**.....**Signature**.....**Date**.....

Information is correct to the best of my knowledge

**How did you hear about Norcot?**

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