



CROFT PRE-SCHOOL ENROLMENT FORM

**Croft Pre-School / St Lewis Breakfast club/ Croft Primary Breakfast club
(circle as appropriate)**

Child's Legal surname Legal Forename.....
Name Known By Date of Birth

Address

Home Telephone Number

E mail address

Parent/ Carers Name

Mobile Phone No.

Place of Work

Work Telephone No

Parent/ Carers Name

Mobile Phone No.

Place of Work

Work Telephone No

Name of all persons who may collect the child	Relationship to child	Telephone No.

I have read and understood the settings Information Sharing, Safeguarding Children, Food and Drink policies. YES

I have enclosed a non-refundable £15.00 fee, cheques payable to Croft Preschool. YES

How did you hear about Croft Pre School: -

My choice of primary school(s):-

My child's other provider(s):-

Start date:-.....

Sessions required:

Signed

CROFT PRE-SCHOOL MEDICAL HISTORY FORM



Childs Name

Child's Doctor

Practice Address

Doctor's Telephone Number

Do your family have a Health visitor? Yes No

Health Visitors Name

Clinic AttendingClinic Telephone No.

Is any member of the family under speech and language? Yes No

Name of the speech and language worker

Does your family have a Social Care Worker for any reason? Yes No

Name of Social Care Worker.....

Are there any legal orders or agreements in place for this child/family? Yes No

Legal Order details.....

List all Immunisations/Vaccinations.....

Infectious diseases contracted.....

Any allergies, asthma, health problems, physical or educational needs? Please give details.....

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Staff may need to administer a plaster, seek medical advice on behalf of your child or administer any necessary emergency treatment during the session.

I give permission for all of the above (please sign).....

If your child has any dietary requirements then please provide details

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If you have any worries or concerns about your child at any time, please speak in confidence with a member of staff.