



BISHOP HOOPER BUTTERFLIES ADMISSION FORM

1.	Your child's legal surname									
2.	Your child's legal forename(s)									
3.	Your child's "known as" surname – only if different from 1 above.									
4.	Your child's "known as" forename – only if different from 2 above.									
5.	Your child's date of birth	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
6.	Your child's full address (the address where he or she resides for 4 or more days a week and which will be taken as the substantive address)									
7.	Postcode	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>								
8.	CHILD'S PARENT/CARER (1) Full Name including title This should be the person with whom your child resides for the majority of the week									
9.	Address & Postcode									
10.	Home Phone Number									
11.	Mobile Number									
12.	Work Phone Number									
13.	Email address									
14.	Your relationship to child									
15.	Do you have legal responsibility for the child	Yes/No								

16.	CHILD'S PARENT/CARER (2) Full Name including title	
17.	Address & Postcode	
18.	Home Phone Number	
19.	Mobile Number	
20.	Work Phone Number	
21.	Your relationship to child	
22.	Do you have legal responsibility for the child	Yes/No
	MEDICAL INFORMATION	
23.	Does your child have any medical conditions (including asthma or allergies) that we need to be aware of? Please provide full details including any medication that is being taken orally or by injection.	
24.	The name of your child's doctor and contact telephone number.	
25.	The name of your child's dentist and contact telephone number	
26.	The name of your child's health visitor and contact telephone number	
27.	Any other relevant medical practitioner (1)	
28.	Any other relevant medical practitioner (2)	
29.	Are all immunisations up to date	Yes/No
30.	Is there any other information we need to know in the interests of your child's medical, health or developmental welfare	
31.	Is your child a looked after child (fostered, adopted) or involved with any other services	

ETHNIC/CULTURAL	
32.	What is your child's ethnic origin
33.	What is your child's nationality
34.	What is your child's country of birth
35.	What is your child's first language
36.	Does your child speak a second language and if so what is this language
<p>Bishop Hooper Butterflies endeavours to ensure that children arrive and depart from the nursery safely and therefore we ask that you let us know when your child is being collected by another adult than yourselves. We have a collection book to record details about those collecting, including a full name and we will ask for a password for those adults unknown to staff. However, to avoid repetition, please state who will be collecting your child regularly (i.e. on a weekly basis)</p>	
NAME	CONTACT NUMBER
1	
2	
3	
4	

	EMERGENCY CONTACT DETAILS In accordance with the specific legal requirements of the Early Years Foundation Stage Statutory Framework, we request that parents/carers provide <u>three</u> emergency contacts other than those named above. This is to ensure that in the event of an emergency where parents cannot be contacted, the child is entrusted into the care of an adult specified by the parent/carer and who, in most cases, is familiar with the child	
1	NAME	
	ADDRESS inc Postcode	
	TELEPHONE NUMBER	
	RELATIONSHIP TO CHILD (e.g. grandparent, friend etc)	
2	NAME	
	ADDRESS inc Postcode	
	TELEPHONE NUMBER	
	RELATIONSHIP TO CHILD (e.g. grandparent, friend etc)	
3	NAME	
	ADDRESS inc Postcode	
	TELEPHONE NUMBER	
	RELATIONSHIP TO CHILD (e.g. grandparent, friend etc)	

CONSENTS

School of choice:

Bishop Hooper CE Primary

Clee Hill Community Primary

Bitterley CE Primary Academy

Ludlow Infant School

Burford CE Primary

Other (please state)

It is the parent/carer's responsibility to put their child's name down at their chosen school by application via Shropshire Council in the January before they start school. By attending Bishop Hooper Butterflies Pre-School, this does not guarantee a place at Bishop Hooper CE Primary School. Please sign to state you understand this:

Signature: Print Name:

Date:

- I understand that my child will not attend pre-school if he/she is unwell

Signature: Print Name:

- I agree to my child attending activities outside the pre-school premises and that, if I wish to, I may make my own insurance arrangements for such

Signature: Print Name:

- I agree to allow staff to make and record observations and take photographic evidence for use in my child's Learning Journey to track their progress and development

Signature: Print Name:

- I understand that it is my responsibility to apply sun cream to my child as necessary and in the event of my child not wearing sun cream, I give consent for the setting's Nivea branded Factor 50 sun cream to be applied

Signature: Print Name:

- OR I understand that if I wish my child to not wear sun cream, then the pre-school will act to protect the welfare of the child in alternative ways (e.g. providing adequate shelter from the sun)

Signature: Print Name:

- **I agree to allow staff to share information with the Health Visitor and other Professionals regarding my child's health and development**

Signature: Print Name:

- **Please sign below to give consent for us to act in an emergency medical situation**

Signature: Print Name:

- **Please sign below to give consent for us to act in a first aid capacity**

Signature: Print Name:

- **Please sign below if you agree to your child having their photograph taken in session for professional, marketing and training purposes. For example, newsletters, websites (Butterflies or Bishop Hooper School) local press for promotions**

Signature: Print Name:

- **Please sign below to give us permission to take the children out locally for walks**

Signature: Print Name:

- **Please sign below to give us permission to pass on your child's records to their chosen school/next setting**

Signature: Print Name:

If you wish to delete any part of the consents, please do. For example, you may not specifically consent to websites but do consent to all others. Please speak to a member of staff if this is the case.

Please sign the following consent once you have read and understood all our policies and procedures (to be found on the Butterflies website - www.bishophooperbutterflies.co.uk). A hard copy may be borrowed from Butterflies. If you have any questions or queries, please speak to a member of staff during your induction.

By signing this declaration, I agree to all of the policies and procedures that Bishop Hooper Butterflies follow and wish my child to attend the pre-school.

Signature: Print Name: Date:

Please tick which sessions you would like your child to attend Bishop Hooper Butterflies
Pre-School:

	Morning (9-11.45am)	Lunch Club (11.45-12.30pm)	Afternoon (12.30-3pm)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Starting Date: _____

Fees are invoiced in advance at the beginning of each half term and are payable within 14 days after the date of the invoice. These fees are based on your child's chosen chargeable session / lunch clubs. If you wish to change and/or drop any of your booked sessions, you must give half a term's notice in writing to the Leader.