



2 Year Admission Form

Office Use Only				
DOA:	Class:	AM/PM/All Day	On Sims:	Pattern
Proof of Benefits?			Birth Certificate?	
Home Visit Date:			Staff Member:	

Basic Details

Legal Forename:	Middle Name(s):	Legal Surname:
Preferred Forename:	Preferred Surname:	
Date of Birth:	Gender:	Birth Certificate Seen: Yes / No
Current address:		Additional address:

Please tick preference	AM – 8.45 am - 11.30 am <input type="checkbox"/>	PM – 12.30 pm - 3.15 pm <input type="checkbox"/>
-------------------------------	--	--

Family/Home

Parent/Carer 1 Full name:		NI Number	
Date of Birth:	Relationship to child:		
Home No:	Mobile No:	Work No:	
Parent/Carer 2 Full name:		NI Number	
Date of Birth:	Relationship to child:		
Home No:	Mobile No:	Work No:	
Current address if different to child:		Siblings:	

Emergency Contacts Please ensure you provide **two** contacts: **Additional to the above**

Full name :		
Current Address:	Relationship to child:	
Home No:	Mobile No:	Work No:

Full name:		
Current Address:	Relationship to child:	
Home No:	Mobile No:	Work No:

Dietary Requirements (Please tick)

Halal <input type="checkbox"/>	Vegetarian <input type="checkbox"/>	Vegan <input type="checkbox"/>	Other (please state):
--------------------------------	-------------------------------------	--------------------------------	-----------------------

Medical

Medical Practice Name and Address:	GP's Name:
	Contact No:

Does your child suffer from any medical condition, if so please state	
Does your child require any medication? If so, who administers it	
Is your child up to date with all their immunisations? (See attached sheet)	
Does your child suffer from any allergies? Food, creams etc.	

Ethnic/Cultural

Ethnicity:	First Language:	English Additional Language: Y/N
Country of Birth:	Nationality:	Religion:
Asylum Status (please circle)	Asylum Seeker	Refugee

Proficiency in English (Please tick)		
New to English	Early Acquisition	Developing Competence
Competent	Fluent	Not Yet Assessed

Additional Agencies

Does your child have any identified special educational needs or involvement? Please describe below.

Is the child currently in care? Yes / No	Current/Previous Social Worker Involvement? Yes / No
Social Worker's Name:	Contact No:
Any other services involved? Please state:	

Nursery History

Name of Previous Nursery Attended:	Dates attended at Previous Nursery:

Consent

Trips/Consent – I authorise the staff:	
1. In case of an emergency, I authorise the staff to obtain any emergency treatment (Including the administration of an anaesthetic)	YES/NO
2. May we apply sun cream to your child when necessary	YES/NO
3. To take photographs/videos for use within nursery	YES/NO
4. To take photographs/videos for publicity/training purposes/website/twitter	YES/NO
5. To take my child on local educational visits or walks	YES/NO
If you change your mind, please let the nursery know so that we can amend our details.	

Ethnicity Codes and Sub Ethnicity

Sub Ethnicity Description	Eth Code	Please Tick
Bangladeshi	ABAN	
Indian	AIND	
African Asian	AOTH	
Kashmiri Other	AOTH	
Nepali	AOTH	
Other Asian	AOTH	
Sri Lankan Tamil	AOTH	
Sri Lankan Sinhalese	AOTH	
Sri Lankan Other	AOTH	
Kashmiri Pakistani	APKN	
Mirpuri Pakistani	APKN	
Other Pakistani	APKN	
Black - Angolan	BAFR	
Other Black African	BAFR	
Black - Congolese	BAFR	
Black - Ghanaian	BAFR	
Black - Nigerian	BAFR	
Black - Sierra Leonean	BAFR	
Black - Somali	BAFR	
Black - Sudanese	BAFR	
Black Caribbean	BCRB	
Black European	BOTH	
Black North American	BOTH	
Other Black	BOTH	
Hong Kong Chinese	CHNE	
Malaysian Chinese	CHNE	
Other Chinese	CHNE	
Singaporean Chinese	CHNE	
Taiwanese	CHNE	
Asian and Black	MOTH	
Asian and Chinese	MOTH	
Asian and Any Other Ethnic Group	MOTH	
Black and Chinese	MOTH	
Black and Any Other Ethnic Group	MOTH	
Chinese and Any Other Ethnic Group	MOTH	
Any Other Mixed Background	MOTH	
White and Chinese	MOTH	
White and Any Other Ethnic Group	MOTH	
White and Indian	MWAS	
White and Any Other Asian Background	MWAS	
White and Pakistani	MWAS	
White and Black African	MWBA	
White and Black Caribbean	MWBC	
Information Not Yet Obtained	NOBT	
Afghan	OOTH	
Arab Other	OOTH	
Egyptian	OOTH	
Filipino	OOTH	
Iranian	OOTH	
Iraqi	OOTH	
Japanese	OOTH	
Korean	OOTH	
Kurdish	OOTH	

Signed Parent/Guardian	
Date	

Latin/ South/ Central American	OOTH	
Lebanese	OOTH	
Libyan	OOTH	
Malay	OOTH	
Moroccan	OOTH	
Any Other Ethnic Group	OOTH	
Polynesian	OOTH	
Thai	OOTH	
Vietnamese	OOTH	
Yemeni	OOTH	
Refused	REFU	
White - Cornish	WBRI	
White - English	WBRI	
Other White British	WBRI	
White - Scottish	WBRI	
White - Welsh	WBRI	
White - Irish	WIRI	
Traveller of Irish Heritage	WIRT	
Albanian	WOTH	
Bosnian - Herzegovinian	WOTH	
Croatian	WOTH	
White Eastern European	WOTH	
Greek/ Greek Cypriot	WOTH	
Greek	WOTH	
Italian	WOTH	
Kosovan	WOTH	
White Other	WOTH	
Portuguese	WOTH	
Serbian	WOTH	
Turkish	WOTH	
Turkish/ Turkish Cypriot	WOTH	
White Western European	WOTH	
Gypsy / Roma	WROM	

Office Use Only		
Date of Arrival:	Date of Leaving:	Former UPN:
Reason for Leaving:		