



# Fullbrook Nursery and Little Explorers Admission Form

CHILD'S FORENAME: ..... MIDDLE NAME:.....

SURNAME ..... D.O.B. .... Male or Female.....

**PLEASE COMPLETE THE ABOVE DETAILS AS THEY SHOW ON THEIR BIRTH CERTIFICATE**

ADDRESS .....

**POST CODE (this is most important for our records) .....**

|   |  |
|---|--|
| Mother's name in full<br>D.O.B. ....  | Father's name in full<br>D.O.B. ....   |
| Mother's address (if different from above)<br><br>Home Tel. No. ....<br>Email address:<br>..... | Father's address (if different from above)<br><br>Home Tel No. ....<br>Email address:<br>..... |
| Occupation/unemployed   | Occupation/unemployed  |
| Works address:<br><br>Work's Tel. No.....<br>Days and times of worktime                         | Works address:<br><br>Work's Tel. No.....<br>Days and times of worktime                        |

**ARE PARENTS:** Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Stable Relationship ( )  
One Parent ( ) Step Parent ( ) Foster Parent ( )

CHILD'S MEDICAL HISTORY, (please state any medical problems/allergy)

|  |  |  |
|--|--|--|
| EPILEPSY                               |  | DOCTORS NAME:<br>ADDRESS:<br><br>PHONE NO: |
| HEART PROBLEM                          |  |  |
| EYE SIGHT                              |  |  |
| HEARING                                |  |  |
| SPEECH THERAPY                         |  |  |
| PHYSICAL                               |  |  |
| HEALTH VISITORS NAME AND TELEPHONE NO. |  |  |

**Is your child in receipt of Disability Living Allowance Yes / No**  
**If yes, do you consent to us using the information you have provided to seek additional funding for your child in nursery Yes / No**

*Any other medical information you wish to share with us (including any ongoing medication)*

**Please turn over.....**



# CONSENT FORM

## CONSENT TO USE AND SHARE YOUR PERSONAL INFORMATION

|  |                              |                             |
|--|------------------------------|-----------------------------|
| I give consent for Fullbrook Nursery to share assessment data with the Primary School my child will transition to.   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| I give consent to use my mobile number to be registered with Teacher to Parents Ltd so that I can receive text messages about nursery closures or activities | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Please tick statements that you give your consent for:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| On special days/party days the children have the opportunity to have face painting. Please indicate if you are happy for them to have face painting applied. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| I give consent for plasters to be applied to my child as First Aid Treatment.  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| In the case of illness or serious accident I give my consent for nursery staff to seek medical advice and treatment for my child.                            | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

## PHOTOGRAPH PERMISSION SHEET

Please tick statements that you give your consent for using visual images including photographs and videos:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Use images in displays inside nursery and learning documentation                         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Use of images for newspapers and advertisements  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Use of images on the nursery web site  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Use of images for staff training for Fullbrook staff and other early years practitioners | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Use of images for publication in practitioner resource books and magazines               | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Child's name: ..... Date .....

Parent/Carer Signature: .....