

Precious Ones Application Form

Child's surname.....
Child's forenames.....
Known as.....
D.O.B.....
Sex.....
Religion.....
Special diet requirements/restrictions.....
Other relevant information (anything we should know about your child, such as likes,
dislikes, fears, comforters and language).....
.....
.....

Home address.....
.....
.....
Post code.....
Tel no.....
Mobile no.....

Mothers name.....
Address (if different).....
.....
.....
Tel no (if different).....
Mobile no.....
Email.....

Fathers name.....
Address (if different).....
.....
.....
Tel no (if different).....
Mobile no.....
Email.....

Mothers place of work.....
Tel no.....

Fathers place of work.....
Tel no.....

Emergency contacts

In the event of an emergency, who is the first point of contact:

Mother Father
(please circle)

Please give two other persons who may be contacted in the event of an emergency (if parent not available):

Name.....Relationship to child.....
Telephone no.....
Mobile no.....
Work no.....

Name..... .Relationship to child.....
Telephone no.....
Mobile no.....
Work no.....

Please confirm below who you authorise to collect your child.....
.....
.....

Name of doctor.....Tel no.....
Address.....
.....Post code.....

Immunisations/vaccinations:-

Indicate vaccinations received (please circle)

Diphtheria	Whooping cough	Tetanus	Polio	Measles	Mumps
Rubella	Hib	Meningitis			

Allergies/health problems.....
.....
.....
.....

NB:PARENTS SHOULD NOTIFY STAFF OF ANY CHANGES TO THESE DETAILS

Signature of parent.....Date.....

Start date at out of school club.....

Sessions required (please circle day and add times)

Term time

Monday Times.....

Tuesday Times.....

Wednesday Times.....

Thursday Times.....

Friday Times.....

School holiday

Monday Times.....

Tuesday Times.....

Wednesday Times.....

Thursday Times.....

Friday Times.....

