

Are there any special requests/requirements with regards to religious observance, food, clothing, allergies, health or other matters which we should adhere to whilst your child is at Busy Bees Breakfast and After school club?

# Busy Bees



Please would you note any background information that you feel is relevant to help us, understand your child's needs.

**This information will be kept confidential**

# Breakfast and After School Club.

Signed : \_\_\_\_\_

Date: \_\_\_\_\_

**Please return completed form to :**

Pre-School Manager, Busy Bees Pre-School,  
C/O Chapmanslade School, High Street, Chapmanslade,  
Westbury, Wiltshire, BA13 4AN.

## **Admission Form**

Child's Name : \_\_\_\_\_

**Personal Details**

Family Name: \_\_\_\_\_  
Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: Male / Female

Name by which child would prefer to be called: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_  
Home no: \_\_\_\_\_  
Mobile no: \_\_\_\_\_  
Email address \_\_\_\_\_

**Emergencies**

In the case of an emergency and you cannot be contacted, please contact:

Parent(s) address or place of work: \_\_\_\_\_  
\_\_\_\_\_

Phone no: \_\_\_\_\_  
Other carer's (e.g. relative/childminder) name & address or place of work: \_\_\_\_\_  
\_\_\_\_\_

Phone no: \_\_\_\_\_

**Medical Details**

Name of child's Doctor: \_\_\_\_\_  
Doctor's address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

Please note any allergies your child may have:

Does your child take medication that we will need to give?  
Yes/No  
What and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Information**

Name(s) of persons authorised to drop off/collect your child from Busy Bees:  
\_\_\_\_\_  
\_\_\_\_\_

**Outings**

I do/dont give permission for my child/children to go out on outings while attending Breakfast and After school club. These outing will be walks through the village or an afternoon at the park.