

ADMISSION FORM

CHILDS DETAILS

Child's Full Name.....Birthdate.....

School last Attended.....Address.....

Afterschool Care

Name of school Grade Collection Time

FAMILY DETAILS

Father's Name..... Religious Affiliation.....

Employer..... Business Phone.....

Email..... Cell Emergency Contact No.....

Mother's Name..... Religious Affiliation.....

Employer..... Business Phone.....

Email..... Cell Emergency Contact No.....

Divorced? If so, with which parent does child live

HEALTH INFORMATION

Physician's Name.....Phone.....

Any Allergies or other Medical Conditions.....

CONTAGIOUS DISEASES CONTRACTED BY YOUR CHILD

DISEASES	Measles	German Measles	Mumps	Whooping Cough	Chicken Pox	Scarlet Fever	Diphtheria	TB	Polio
YES/NO									
APPROX DATE									
IMMUNISED									

.....
Signature of Parent/ Legal Guardian

.....
Date

FOR OFFICE USE ONLY *(Office copy)*

Name of Child.....DOB.....Start.....

Interview date..... Signature.....

Class placement

Allergies notes and placed in Dining Room

FOR OFFICE USE ONLY *(Teacher copy)*

Name of Child.....DOB.....Start.....

Interview date..... Signature.....

Class placement

Allergies notes and placed in Dining Room