



Westfield Primary School
Longfellow Road
Radstock
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ENROLMENT FORM

Please read and sign the regulations before completing this form.

1. CHILD INFORMATION

Full name of child.....

Child likes to be called Pronunciation.....

Date of Birth.....

Home Address.....

Post Code..... Telephone number.....

Childs first language at present.....

Is English understood / spoken.....

Is child on C/P Register? – YES / NO

Name of Social Worker and contact number.....

2. FAMILY INFORMATION

Parents/ Guardians/ Carers names (please indicate relationship e.g. Mother, Guardian, Grandfather).....

Addresses at home Addresses at work

.....

.....

.....

Telephone numbers at these places (inc mobiles)

.....

Correspondence should be sent to:-

Name/s

The most useful written language for the setting is.....

Will an interpreter be required?

Ethnic Origin.....
Preferred language.....
Religion / Culture / Festivals Celebrated.....

Names and ages of brothers and sisters.....
.....
.....

Is there anything else you would like us to know about your family?.....
.....
.....

3. IMPORTANT CONTACTS

Who to contact in an emergency (2 please):-

Name
Home Address.....
Tel No Mobile.....
Address at work
..... Tel no.....
Relationship to child (e.g. friend, Gran).....
Known to child as :-

Name
Home Address.....
Tel No Mobile.....
Address at work
..... Tel no.....
Relationship to child (e.g. friend, Gran).....
Known to child as :-

Who will be collecting child?

Name
Home Address.....
Tel No Mobile.....
Address at work
..... Tel no.....
Relationship to child (e.g. friend, Gran).....
Known to child as :-

Name
Home Address.....
Tel No Mobile.....
Address at work
..... Tel no.....
Relationship to child (e.g. friend, Gran).....
Known to child as :-

Is there anyone who is NOT to collect your child ?

4. HEALTH INFORMATION

Name of child's Doctor Health visitor.....
Tel No of Doctor..... Tel No of H.V.....
Practice Address.....
.....

Immunisations received (Please tick) :- Diphtheria.....Whooping Cough.....Polio.....
Tetanus..... Measles..... MMR..... Hib..... Meningitis C..... Others.....

When was your child's last developmental check?.....

Were any issues identified?

Do **you** have any concerns about your child?.....

Is your child's speech easily understood by yourself/ others?.....

Has your child had or do they have :-

Any serious childhood illnesses?.....

Allergies.....

Health problems/ Medical conditions.....

Dietary needs.....

Behavioural needs.....

Other needs.....

Fears that we should be aware of

Is there anything else you feel is important that we should know about your child?.....

5. ATTENDANCE

Is your child attending any other setting whilst here?.....

Childs primary school

Anticipated start date at Waps.....

We welcome parental involvement. Is there any way in which you feel you would like to be involved?.....

6. DECLARATIONS OF CONSENT

THE STAFF AT WAPS ARE COMMITTED TO OUR EQUAL OPPORTUNITIES POLICY.

PLEASE NOTE WE CANNOT UNDERTAKE THE CARE OF SICK CHILDREN.

WE HAVE A RESPONSIBILITY TO REPORT ANY CONCERNS WE HAVE ABOUT THE CHILDREN IN OUR CARE TO THE APPROPRIATE AUTHORITY OR PROFESSIONAL AGENCY WHICH WE WILL NOT HESITATE TO DO

I/ We wish to apply for admission of the above named child to WAPS. I/We have received and read the regulations and agree to comply with them and any other conditions which may be required in the future.

Name.....Signature.....Date.....
Name.....Signature.....Date.....

Should any urgent matters of concern arise, I/ We give permission for WAPS staff to make contact with the appropriate Medical/ Health/ Ofsted/ Social Services authorities.

Name.....Signature.....Date.....
Name.....Signature.....Date.....

Also, in case of accident I/ We give permission for my/ our child to be given EMERGENCY treatment as considered necessary and for general first aid to be administered as appropriate.

Name.....Signature.....Date.....
Name.....Signature.....Date.....

I/We give permission for photographs of my/our child to be taken and used for assessment records, training courses, displays, press releases or publications.

Name.....Signature.....Date.....
Name.....Signature.....Date.....

I/We give permission for my/our child to take part in all local trips arranged by WAPS. I understand they will be properly supervised with staff ratios as laid down by OFSTED.

Name.....Signature.....Date.....
Name.....Signature.....Date.....

