



**Rachel McMillan Nursery School and Children's Centre
Admission Form for Shelters 1, 2, 3 and 4**

What is the first name of your child?		D.O.B.	Girl	Boy
What is the last name of your child?				
What is your child's address?				
What is mother's name?				
What is mother's address?				
What is mother's telephone number?				
What is father's name?				
What is father's address?				
What is father's telephone number?				
Does your child have any brothers and sisters? (names, ages and schools)				
What is the child's doctor's name and telephone number?				
What is the name of your health visitor?				
Does your child eat everything or is there something you do not want them to eat?				
Is your child healthy or are there any problems?				
What languages are spoken in your home?		What is your country of origin?		
Please sign here		What relation are you to the child?		

Name of Child:

Please tell me all about your child.
What do they like to do and what sort of person are they?

Are you refugees or asylum seekers?

For office use only:

Shelter	1	2	3	4
Date of admission interview				
Starting date and time				
Place offered	A.M.	P.M.	Full Day	
Papers given to shelter				
Other notes				