



Sidemoor Pre-School Group  
@ Pear Tree Children's Centre  
Broad Street  
Bromsgrove  
B61 8LW  
01527 870828

**ADMISSION FORM**

Please complete and return to us as soon as possible.

Child's full name..... (M/F) Date of Birth.....

Home Address .....

..... Postcode.....

Home tel. no..... Mobile .....

E Mail address.....

Mother's Christian name..... Surname.....

Mother's occupation.....

Employer's name & tel.no.....

Father's Christian name..... Surname.....

Father's occupation.....

Employer's name & tel. no.....

Name & tel. no. of friend or relative who can be contacted in an emergency -

.....

Doctor's address & tele. no.....

Health Visitor .....

Medical Conditions:- (Information we may need to know i.e. Allergies, Medication etc.)

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Does your child have any special dietary requirements? .....

Signed .....Date.....