**Caterpillars Pre-School**

**Birth Certificate Number:**

Broadfield Community Centre, Broadfield Barton, Broadfield, Crawley,

West Sussex, RH11 9BA Email: caterpillars.broadfield@hotmail.com

Childs First Name: Childs Surname: Date of Birth:

|  |  |  |  |
| --- | --- | --- | --- |
| Ethnic origin: | Religion: | Language spoken: |  |
| Address: |  |  | Postcode: |
| Mothers/Fathers names: |  |  |  |
| Home telephone number: | Mobile number 1: | Mobile number 2: |  |
| Email address: |  |  |  |
| MEDICAL/ALLERGIES/SPECIAL NEEDS/DIET: |  |  |

Doctors Surgery: Telephone number: Registered Dentist Y/N

Health Visitor: IMMUNISATIONS: Please put a mark in the brackets

At 2 mths: ( ) At 3 mths: ( ) At 4mths: ( ) At 12-13mths: ( ) At 3yrs & 4mths: ( )

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 in 1 (1st dose) | 5 in 1 (2 nddose) | 5 in 1 (3rd dose) | Hib/Men booster | MMR (2) |
| Pheumococcal (1st dose)  | Meninqitis C (1st dose) | Pheumococcal (2nd dose) | Pheumococcal (3rd dose) | 4 in 1 pre school |
|  |  | Meningitis C (2 nddose) | MMR (1st dose) |  |

DO YOU GIVE PERMISSION TO:

For the pre-school to seek medical advice in the case of accident or illness? Yes/No

Start date: School start date: School:

**Signature: Name: Date:**