

The Ambleside Centre  
**Meadows Out of Term Sessions Admission Form**

Please complete in **BLACK** ink



Child's First Name	Surname	Date of Birth	Boy /Girl
Home Address			
Post Code		Telephone	
Names and dates of birth of any other children			
Who has parental responsibility?			
<b>1<sup>st</sup> Parent</b>			
Title	First Name	Surname	Mobile phone (if relevant)
Address and Phone Number (if different from above)			
Place of Employment		Phone	Times of Work
<b>2<sup>nd</sup> Parent</b>			
Title	First Name	Surname	Mobile phone (if relevant)
Address and Phone Number (if different from above)			
Place of Employment		Phone	Times of Work
Emergency contact name(s) and telephone (please note - we do try the home number first)			
Please provide email address if you would like to receive correspondence electronically:			
Person(s) collecting child from the Centre:			
Family doctor	Surgery	Phone	Health Visitor
Home Language	Religion	Ethnic Origin: White, Black-African, Black-Caribbean, Black-Other, Indian/Sri Lankan, Pakistani, Bangladeshi, Chinese, Mixed Race, any other ethnic group.	

The information given on this form will be used for educational/administrative purposes within The Ambleside Centre. Please tick the box if we have your permission to pass it on to these other bodies as and when appropriate:

1. Health professionals
2. Receiving mainstream school.

It is your responsibility to ensure that the information contained here is correct.