



Heavitree Community Pre-school  
South Lawn Terrace  
Heavitree  
Exeter  
EX1 2SN

Admission Form

Full Name of Child	Date of Birth
Male / Female	Ethnic Origin

Parent(s) names	Home address
Telephone number	Email address

When would you like to start at preschool? Month/Year

Preferred number of days/sessions?

(Please indicate)

Monday am pm all-day Tuesday am pm all-day

Wednesday am pm all-day Thursday am pm all-day

Friday am pm all-day

No preference

Although we do our best to accommodate parent preferences, we are unable to guarantee start date or sessions available. Sessions allocated prior to settling in may be changed or delayed in order to best meet the needs of your child where appropriate. This will always be discussed with you prior to change.



<p>Does your child have any allergies?</p>	<p>Does your child have any health concerns that Preschool should know about, including asthma, eczema, infectious diseases, major illness, etc?</p>
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Does your child have any Educational / Developmental concerns that Preschool should know about? (Includes behavioural, social or emotional needs etc.. or any referral to another agency eg Health Visitor, Honeylands, Paediatrician etc..  
YES..... NO..... UNSURE.....  
If Yes or Unsure please detail below.

How did you find out about us? (eg DISC website, local advert, word of mouth, etc)