

Allocated Key worker	Bag/ t shirt	Start Date:
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Name of child _____ Date of Birth _____

Home Address: _____

_____ Postcode _____

Home Telephone No: _____

Parent/guardian details: Does this person have parental responsibility? Yes / No

Name _____

Relationship to child _____

Address _____

_____ Postcode _____

Telephone Number _____ Mobile Number _____

Work contact details _____

_____ Telephone Number _____

E mail Address _____

Parent/guardian details: Does this person have parental responsibility? Yes / No

Name: _____

Relationship to child _____

Address: _____

_____ Postcode _____

Telephone Number: _____ Mobile Number _____

Work contact details _____

_____ Telephone number _____

E mail Address _____

Days required:

Please state which days and sessions are required for a place at Pre-school.

	Monday	Tuesday	Wednesday	Thursday	Friday
8.30am - 9am					
9am - 12 noon					
9am - 1.00pm					
9am - 3.30pm					

The date you would like your child to start.....

Please note: If your child does not start on this date re-registration (and a further registration fee) will be required.

Contact Details whilst child is at Pre-school.

One of these contacts must be person who has parental responsibility.

Name; _____ Relationship to child _____

Telephone No. _____ Mobile No. _____

Name; _____ Relationship to child: _____

Telephone No. _____ Mobile No. _____

Name; _____ Relationship to child; _____

Telephone No; _____ Mobile No; _____

Please supply Pre-school with a password for security purposes

How would you prefer to be contacted by Pre-school?

- Email
- Letter

Email address for correspondence _____

Medical Information

Doctors Name _____

Doctors Address _____

_____ Postcode _____

Doctors Telephone No. _____

Is your child immunised against Tetanus? Yes /No

Does your child suffer from any allergies? If yes please state what your child is allergic to.

If any stated please give details of reaction suffered and symptoms to look for.

Please indicate if your child suffers with any of the following medical conditions:

- Epilepsy
- Diabetes
- Anaphylactic shock
- Sickle cell disease

If your child suffers with any of these conditions, Pre-school staff must receive training in your child's needs before they start pre-school. This is the responsibility of the parent/guardian to organise this with the relevant medical professionals. Pre-school will contact you in regards to this issue towards the start date mentioned previously on this application form.

- Asthma

Staff are trained in giving treatment for this condition, but details of severity of this condition will be required prior to the start date as mentioned previously on this application form. It is a requirement that when a child is on the premises that an inhaler is provided.

Does your child suffer with any other medical condition?

- No
- Yes

If yes please give details

Special Educational Needs.

Has your child been identified with any additional needs?

- No
- Yes

If yes, what additional needs does your child have? _____

Answering yes to this section will not affect your child starting pre-school, it allows the setting to plan for any additional support that may be needed.

Dietary Requirements

When providing snacks for the children, we cater for all dietary requirements. Please state if your child has any dietary requirements:

Please inform the setting of which, if any, funding you will be claiming for your child:

- 2 year old free entitlement
- Nursery Education Funding (3-4 year olds) 15 hours
- 3 -4 year olds free entitlement (30 hours funding)

Can you please ensure the following are enclosed with your application:

- **£10 administration for all applications paying for privately paid hours**
- **£40 refundable deposit for all applications. This will be deducted from your first invoice or refunded when your child starts at the setting if you are claiming funded hours.**

Regards

Hazel Jones

Pre-school Manager.

For office use only:	£10 administration fee paid:	£40 deposit paid: Deposit refunded:
	Date received:	Start date:
Letter of confirmation:	Proof of childs ID:	Proof of parents ID: