

Registration Fee Paid



Application Form (Registered Charity No. 1037397)

Required Start Date

Confirmed Start Date

Child Details:

Surname:.....

First Name:.....

Name by which known, if different from first name above

Date of Birth:.....

Ethnic Origin:.....

Please state who has parental responsibility for the child

Please state who has parental rights to the child

Password.....

Parent / Carer 1: Mr/ Mrs/Miss/Ms

Surname:..... First Name:.....

Address:.....

Town:..... Post Code:.....

Tel. Work:.....

Home:.....

E Mail.....

Parent / Carer 2: Mr/ Mrs/Miss/Ms

Surname:..... First Name:.....

Address:.....

Town:..... Post Code:.....

Tel. Work:.....

Home:.....

E Mail.....

Doctor's Practice :.....

Address:.....

Tel:.....

Immunisations – Please Tick

Diphtheria		Whooping Cough		Polio	
Tetanus		Haemophilus influenza		MMR	

I agree to my child/children to have plasters administered by Pre-School staff YES / NO

Relevant medical history, allergies:.....
(Including any Hereditary Conditions within the family which you feel pre-school should know about)

Special physical or dietary requirements:.....

Medication:.....

Are there any Agencies/Professional bodies working with the family such as Social Worker/Health Visitor. Please provide details here:

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Please tick which sessions you would like your child to attend: Funded ? 15hrs 30hrs (if applicable)

	Monday	Tuesday	Wednesday	Thursday	Friday
All Day Session 8.45 – 3.15					
AM Session 8.45 – 11.45					
PM Session 12.15 – 3.15					

Date Funding Starts

Once funding starts would you like any additional sessions ? Please complete sessions required

Date changes to start from Subject to availability

	Monday	Tuesday	Wednesday	Thursday	Friday
All Day Session 8.45 – 3.15					
AM Session 8.45 – 11.45					
PM Session 12.15 – 3.15					

1. In an emergency, I agree to my child being taken directly to a doctor.
2. I understand that a child who is unwell will not be admitted to the Pre-School and I will inform Pre-school of any absence.
3. I understand there is a contribution of £30 payable upon registration. This reserves your child's place and also pays for your child's sweat shirt and book bag – this is not refundable.
4. I agree to apply all day sun cream to my child and ensure they bring a sun hat before they come to Pre-school on sunny days
5. I agree to my child taking part in supervised walks / games etc
6. I give permission to access support from outside agencies.
7. Fees where applicable:
 - Any absence (sickness/holidays etc) will still be charged and must be paid in full.
 - Charges will also still apply for the following, Term Time Public Holidays, any unforeseen circumstances causing the closure of preschool.
 - Any additional non fixed hours must be paid to the preschool on arrival for the extra session.
 - I understand that if applicable I should apply for the 30 hour funding prior to my child starting the term and inform the preschool of the code, it is my responsibility to renew the 30 Hour codes.
 - Any paid fixed hours will be invoiced half termly and must be paid in full within 14 days from the date of the invoice.
8. I agree to provide one half term's notice of my child leaving the Pre-School, or to make any alterations to any agreed sessions - failure to provide this notice means you will still be charged in full for any sessions no longer attended.
9. I agree to pay all due fees upon my child leaving the Pre-School.
10. If a place is no longer required then I agree that I will inform Pre-school immediately.

Signature:..... Date:.....

PLEASE NOTIFY PRE-SCHOOL OF ANY CHANGE IN ADDRESS OR TELEPHONE NUMBER, IT IS IMPORTANT THAT YOUR DETAILS ARE KEPT UP TO DATE IN CASE WE NEED TO CONTACT YOU.



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(Registered Charity No. 1037397)

EMERGENCY CONTACTS

Childs Name

Please provide name and telephone number of the person/s to be contacted in an **Emergency**, in the event that the parent / guardian cannot be contacted:

Emergency Contact 1: Name: Tel:..... Relationship:.....	Emergency Contact 2: Name: Tel:..... Relationship:.....
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Emergency Contact 3: Name: Tel:..... Relationship:.....	Emergency Contact 4: Name: Tel:..... Relationship:.....
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