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|  | Application Form |

(This information will remain confidential, except for the purpose of a Social Services Inspection)

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| --- | --- |
| Child’s full name. First, middle name/s & surname |  |
| Date of birth |   |
| Gender |  |
| Religion and ethnicity |  |
| Date you would like your child to start |  |

|  |  |
| --- | --- |
|  | I would like my child to attend the following sessions (please tick) |
|  | Mon | Tues | Wed | Thurs | Fri |
| **AM** **(9am-12pm)** |  |  |  |  |  |
| **PM (12pm-3pm)** |  |  |  |  |  |
| **FULL DAY (9am-3pm)** |  |  |  |  |  |

|  |  |
| --- | --- |
| Home Address and postcode |  |
| Main contact name and telephone number |   |
| Mothers name/occupation |  / |
| Fathers name/occupation |  / |
| Email address |  |
| Main Contacts DOB |  |
| National Insurance Number |  |

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| --- | --- |
| Person/s who will collect child |  |

Who to contact in an emergency

(It is imperative that these details are kept up-to-date, it is your responsibility to inform staff of any changes immediately)

|  |  |
| --- | --- |
| Name of first person and relationship |  / / |
| Home telephone number |  |
| Mobile/work telephone number |  |

|  |  |
| --- | --- |
| Name of second person and relationship |  / / |
| Home telephone number |  |
| Mobile/work telephone number |  |

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| If you will not be claiming the Nursery Education Grant through us please note the charge per hour as at 1st Jan 2022 £7 |

Frenchay Pre-School must follow the South Gloucestershire Child Protection Procedures

Frenchay pre-school complies with all GDPR regulations

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| Child’s Family |
| Please advise us of family situation and who child lives with– it helps us when the child talks about family life e.g. siblings, step siblings, pets etc: |
|  |
|  |

|  |  |
| --- | --- |
|  | Please Tick |
|  | Yes | No |
| Has your child attended a Health Clinic for routine check-ups? |  |  |
| Does your child have any special requirements?If yes, please give details below in the additional information box |  |  |
| Has your child had any Infectious Illnesses?Please list below in the additional information box |  |  |
| Does your child attend a dentist? |  |  |
| Are your child’s vaccinations up to date? |  |  |
| Is your child known to Childrens Services or Families Plus  |  |  |

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| --- |
| Any additional information you feel we should know (diet/health/religious/cultural)Nick name or short name:How would you like your child to recognise their name when printed in pre-school?Password for others to pick up your child with your consent:Do you give consent for us to claim Early Years Pupil Premium on behalf of your child? Yes/NoDoes your child have a birth mark or any marks we need to be aware of whilst we are caring for them? Yes/NoIs English the only spoken language at home? Yes/No (If no please state other languages spoken) |
| Has a sibling previously attended the pre-school?If yes – their name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Will your child be attending any other nursery, preschool or childminder?If Yes please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **How did you find out about our Pre-School?** |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please hand in this form at the pre-school along with cash or**

 **BACS transfer– sort code 52-10--07** **account number 90087720 of £30**

**This will reserve your child’s pre-school place and provide you school t-shirt.**

**On receipt of this form, you will be contacted and advised about our waiting list and to organise an induction nearer your child’s start date. Thank you.**