

Application Form

Childs Full Name: _____

Date of Birth: _____ Gender: _____

Ethnicity: _____ Religion: _____

Languages Spoken: _____

Name of Person Filling in Form: _____

Relationship to Child: _____

Do you have parental responsibility for the child? **YES / NO** (please circle)

Name of Second Main Carer _____

Relationship to Child: _____

Do both parents have legal contact with the child? **YES / NO** (please circle)

If no, please state who does **NOT** have legal contact _____

Email address _____

Childs Home Address including postcode: _____

Home tel. no. _____

Parent/Carer Full Name _____ Mobile _____

Place of Work _____ Work Tel No. _____

Parent/Carer Full Name _____ Mobile _____

Place of Work _____ Work Tel No. _____

Name of persons authorised to collect your child

1. _____ Tel: _____

2. _____ Tel: _____

Please specify who will be collecting your child normally

Password for collection and emergency enquiries. As part of our security measures we ask for a password for collections. Please pick a memorable word or phrase that staff will ask you for:

Doctors Name: _____ Tel. _____

Address _____

Details of any significant Health issues (including special educational needs/or a physical disability)

Details of any allergies – including plasters, face paint (please list symptoms)

I consent to any medical treatment necessary during a Pre-School session. I authorise the staff to sign any written form of consent required by the hospital authorities if the delay in my signature is considered by the doctor to endanger my child's health **YES / NO**

I consent to my child having suntan lotion applied by Pre-School staff when required **YES/NO**

I consent to my child having face paint applied on occasions **YES/NO**

Are all immunisations up to date? **YES / NO**

Special Diet

Vegetarian

Vegan

Religious/ Cultural Diet

None

I give permission for observations to be completed on my child (including speech and language assessments) **YES/NO**

Does your child attend any other Pre-School/ Nursery/Childminder? **YES/NO**

Name of setting: _____

In order to effectively assess your child's development and educational requirements do you give permission for us to share information with the other provision? **YES/NO**

Images

I give permission for my child's image to be displayed within our Pre-School setting
YES/NO

I give permission for my child's image to appear on Twitter/Facebook and on our website.
YES/NO

I hereby consent for my child to take a place at Pre-School. I confirm that the information given above is correct and will contact the Manager as soon as any details change.

Signature of Parent/ Carer:

Date:

