****

**Application for Admission**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name of Child** |  | | | | | **Date of Birth** |  |
| **Name that child is known by** |  | | | | | **Ethnicity** |  |
| **Names of Parents** |  | | | | | **Home Language** |  |
| **Address** |  | | | | | **Home Phone** |  |
| **Mobile Phone** |  |
| **Postcode** |  | | | | |
| **Email Address** |  | | | | | | |
| **Other Emergency Contacts** | | **Name and Number** | | | | **Name and Number** | |
| **Parental Responsibility**  Name and contact details of anyone OTHER than parent who has parental responsibility for your child \*(see guidance note) | | | |  | | | |
| **Name of any other setting attended including leaving date if applicable.** | | | |  | | | | |
| **Name of Doctor and Surgery** |  | | | | | **Phone Number** |  |
| **Health Visitor** |  | | | | | **Phone Number** |  |
| **Social Worker** |  | | | | | **Phone Number** |  |
| **Is your child on a Child Protection or Child in Need Plan?** | | |  | | | | |
| **Are your child’s immunisations up to date?** | | | | | | | |
| **Any known allergies? Please give details:** | | | | | | | |
| **Any additional needs,medical conditions or regular medications taken. Please give details:**  **Please note Staff will only administer PRESCRIBED BY A DOCTOR and then WRITTEN CONSENT will be required from a person with parental responsibility.** | | | | | | | |
| **Special Needs or Religious requirements** | | | | | **Any dietary needs?** | | |

**\*Parental responsibility: NOT all parents have parental responsibility.** These people do:- Natural Mother of the child or Natural Father of the child PROVIDED he was married to the mother before the birth, or was present when the birth was registered alongside the mother, or subsequently marries her, or anyone who has a current Residency Order (we will ask to see this). **These people DO NOT have automatic parental responsibility:-** Grandparents or other relatives, Step parents, or Guardians of the child appointed by Will.

**Sessions Wanted**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Drop off** | **Drop Off** | **Drop**  **off** | **Collection** | **Lunch** | **Collection** | **Collection** | | **Total Hours** |
| **Day** | **8.15** | **8.30** | **8.45** | **1230** | **1315** | **1500** | **15.30** | |  |
| **Monday**  **(Muddy Monday)** |  |  |  |  |  |  |  | |  |
| **Tuesday**  **Forest School** |  |  |  | **NOT AVAILABLE** |  |  |  | |  |
| **Wednesday** |  |  |  |  |  |  |  | |  |
| **Thursday** |  |  |  |  |  |  |  | |  |
| **Friday** |  |  |  |  |  |  |  | |  |
| **Permissions** | | | | | | | | **Agree** | **Disagree** |
| I agree for my child to have a Tapestry online learning journal. | | | | | | | |  |  |
| My child may be filmed/ photographed for the Tapestry online learning journal or parental information only. Only Preschool’s camera and tablets will be used. | | | | | | | |  |  |
| Photos of my child may be used on Woodmancote Preschool’s website. | | | | | | | |  |  |
| Information about my child may be shared with my child’s Primary School and other professionals as required. The Health Visitor may be contacted if necessary. | | | | | | | |  |  |
| I agree to the Policies, Terms and Conditions of Woodmancote Preschool, including the Debt Recovery Policy. There is a copy of all policies to view. | | | | | | | |  |  |
| I wish to apply for a space for my child when a vacancy arises  **Name**  **Signature Date** | | | | | | | | | |

Preschool provide fresh water and milk for all at snack time. An additional healthy snack can be provided at an additional cost of 30p per day or parents can provide an additional snack. Children bring a packed lunch if staying for lunch.

Invoices are issued monthly in advance. Once a place is accepted fees are payable regardless of absence (including illness and family holidays). Eligible children need to be at Preschool for two weeks in order to qualify for the Free for 2, 3 and 4 year old funding. If removed before the end of these two weeks all costs will be due from their parent.

30 hours funding – it is the parents responsibility to ensure they have their eligibility code and they have responsibility for ensuring this is renewed every three months. Any fees incurred due to parents no longer meeting eligibility will be charged for.

We have a statutory duty to collect the information on this form in order for your child to attend Preschool. However we will no longer hold this information once your child has left us or does not take up the place. We do not share this information with any other agency without your consent unless there are Child Protection concerns.

Signed Date

Print Name