

## 100 Acrewood Pre-school Child's Application Record.

**All of this form, must be completed please.**

Child's Name:	Child's first language and additional languages:
Date of Birth	Who has parental responsibility for this child?
Male/Female	Religion Ethnic origin of child
Name and address of parent with whom the child lives:	Postcode: Tel:
Email address:	
In case we need to contact you:	
First Contact is: Work Address:	Work Tel: Mobile:
Second Contact is: Work Address:	Work Tel: Mobile:
Emergency Contact is: Relationship to child	Tel: Mobile:
Please give names of people legally authorised to collect your child:	

Names/ Telephone No:	Relationship to your child:
<b>Medical and Health Information:</b>	
<b>Doctor Details:</b>	<b>Tel No:</b>
<b>Health Visitor:</b> These details must be completed.	<b>Tel No:</b>
<b>Record of previous immunisations and infectious diseases:</b>  Your Red Health Book for child will be asked to be seen by the Pre-school.  Has your child had their 2 Year check?	YES/NO
Does your child have any medical conditions, allergies or special diet we should know about? Please give details:	

<p>Are there any procedures prohibited for your child for medical, religious or other reasons? Please give details:</p>	
<p>Are you entitled to free funding? Yes/No</p> <p>What Funding are you entitled to and have you checked this entitlement?</p> <p>Funding Letter to be seen by Pre-school for your receipt of receiving funding.</p> <p>What preferred days you would require. Am 8.30-11.30 Sessions Pm 12.00-3.00 Sessions All day Sessions 8.30-3.00.</p> <p>We will try to meet your requirements where possible.</p> <p>How did you hear about us?</p> <p>Recommendation</p> <p>Website</p> <p>Internet</p> <p>Other (Please state)</p> <p>Any other important information we might need to know?</p> <p>Password Required, in case someone other than yourself collects your child from the Pre-school.</p>	

The above information supersedes/replaces any previous information I may have provided.

I have no objection to pictures being taken of my child whilst at nursery and these photos may only be used for nursery records, student records, my child's personal record or may be uploaded to our website with permission given.

I also agree to my child's development records being passed to schools and other nursery/educational establishments, and for nursery to share these with other relevant professionals.

**PARENTS ENTITLED TO THE EARLY YEARS FUNDING FOR EITHER 15 HOURS OR 30 HOURS FUNDING, NEED TO BE AWARE THAT THE FUNDING IS GIVEN BY EARLY YEARS FOR THE FULL TERM AND IF YOU LEAVE BEFORE THE FULL TERM, YOUR FUNDING WILL STAY WITH THE PRE-SCHOOL. THERE ARE SPECIAL CIRCUMSTANCES REGARDING FUNDING, SO PLEASE DO SPEAK TO MANAGER SO THESE CAN BE CHECKED IF NEED BE.**

**NEW PARENTS WILL BE ASKED TO SIGN A REGISTRATION FORM FOR FUNDING, AND EACH TERM A DECLARATION FORM WILL NEED TO BE SIGNED.**

**A TERM'S NOTICE IS REQUIRED IN WRITING PLEASE**

I understand that 100 Acrewood Pre-school operates an open access to information practice and I am welcome, during normal hours to view the policies and procedures under which the Pre-school runs, which are contained in the folder within the setting.

I am also aware that if, at any time, there is anything, which I would like to discuss concerning the way my child is cared for, I am welcome to discuss this with the Pre-school.

I agree to keep the nursery up to date with any changes to the above information, particularly contact phone numbers, addresses and allergy information.

Signed (Parent or Guardian)

Date: