

Date application received.....
Days per week.....
3rd Birthday.....
Funding Commences.....

1st Day at Pre-School
Key Person allocated.....
Starts school.....
E/C

APPLICATION FORM FOR WELLAND PARK PRE-SCHOOL

******IT IS IMPORTANT THAT ALL SECTIONS OF THIS APPLICATION FORM ARE COMPLETED******

Child's first name.....

Child's surname.....

Date of birth..... Age at present, years and months.....

(Please attach copy birth certificate)

Home Address.....

.....Postcode.....

Tel: No.....Mobile: No.....

email

Parents/Guardians names (Mother).....(Father).....

National Insurance Number (Mother).....(Father).....

Name of parent child normally lives with.....

Mother's place of work.....Tel: No.....

Father's place of work.....Tel: No.....

Brothers/Sisters names and ages.....

.....

Has your child had all age appropriate vaccinations? – 5 in 1?....Pneumococcal?.....Rotavirus?....

Men B?.....HIB/Men C?.....MMR?.....4 in1 Booster?.....Nasal Influenza?.....

Details of any health problems past or present e.g. allergies (including food allergies), asthma,
hayfever etc.....

Doctors name and address.....

.....Tel No.....

Health Visitor's name and address.....

.....Tel No.....

Has your child previously attended either a parent and toddler group or another pre-school?.....

Is your child currently attending another early years provision? If so please give the name of the provision and the number of hours attending.....

When is your child expected to start school?

Which school (if known)?.....

Session Request

Days	Tick sessions required		Sessions Allocated (official use only)		Breakfast Club (08:45-09:15)	Lunch Club (12:15 – 13:00)
	AM	PM	AM	PM		
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Please state the year and term in which you would like your child to start at Pre-School

YEAR AUTUMN SPRING SUMMER (Please circle appropriate term)

Signature of parent/guardian.....Date.....

(Signature of person holding legal parental responsibility)

**WELLAND PARK PRE-SCHOOL
PARENTAL CONSENT FORMS**

**Permission to seek emergency medical advice/treatment & to administer medicines,
plasters & sun screen**

I.....(parent/guardian) give permission for Welland Park Pre-School to seek any necessary emergency medical advice or treatment in the event that you are unable to contact me & for pre-school to administer medication, plasters & apply child's own sun screen as and when required.

Signature of person holding legal parental responsibility

.....Date.....

Good Practice Sharing of Information

I.....(parent/guardian) understand that Welland Park Pre-School will share information about my child with regard to Dual Settings, Health Services, External Professionals & Relevant Schools.

Signature of person holding legal parental responsibility

.....Date.....

Permission to take photographs

I hereby give consent for photographs of my child.....
to be used in the Welland Park Academy course prospectus, in any other material used for the pre-school promotional purposes & used in other children's learning journeys.

Signature of person holding legal parental responsibility

.....Date.....

Permission to be taken on outings

I hereby give permission for my childto be taken on any outings within walking distance of Welland Park Pre-school.

Signature of person holding legal parental responsibility

.....Date.....

Permission for Students to have access to your child's Learning Journey

I give permission for students to have access to my child's Learning Journey.

Signature of the person holding legal parental responsibility

.....Date.....

Allergies

Childs Name

D.O.B.....

Allergies:- e.g. Peanut/Hayfever **YES / NO**

Name of allergy.....

Who made the diagnosis ie GP, Health Visitor, Yourself.....

Date diagnosed.....

Foods/Environments to be avoided.....

Is reaction life threatening YES/NO Type of medical assistance required if attack occurs.....

Doctors Name/Tel number.....

Preference on any medical treatment i.e. Blood transfusion.....

Medical Conditions:- e.g. Asthma/Eczema, Brittle Bones **YES / NO**

Name of Condition.....

Who made the diagnosis ie GP, Health Visitor, Yourself.....

Date diagnosed.....

Foods/Environments to be avoided.....

Is reaction life threatening YES/NO Type of medical assistance required if attack occurs.....

Doctors Name/Tel number.....

Immediate parental contact number(s).....

Special Educational Needs Status – Please circle appropriate statement

No Special Educational Need Early Years Action Early Years Action Plus Statement

Religious Preferences:- e.g., Christian, Muslim, Sikh, Hindu **YES / NO**

Name of religion.....

Foods or activities to be avoided.....

Food Preferences: - e.g. Vegan **YES / NO**

Name of preference

Foods to be avoided.....

Any other important information

WELLAND PARK PRE-SCHOOL
ETHNICITY GROUP

In order for us to maintain our records and apply for funding from the LEA please could you confirm your child's Ethnic group from the list below.

- White / British _____
- Irish _____
- Traveller of Irish Heritage _____
- Gypsy/Roma _____
- Any other white background _____
- White / Black Caribbean _____
- White / Black African _____
- White / Asian _____
- White / Other _____
- Any other mixed background _____
- Indian _____
- Pakistani _____
- Bangladeshi _____
- Any other Asian background _____
- Black Caribbean _____
- African _____
- Any other Black background _____
- Chinese _____
- Any other ethnic group _____

Languages spoken at home _____

Childs Name _____

Signature of person holding legal parental responsibility

_____ Date _____

PARENTAL RESPONSIBILITY

The Early Years Foundation Stage Framework Statutory Requirement 'Safeguarding and Promoting Children's Welfare' states that childcare providers must obtain information about who has legal contact with the child and who has parental responsibility.

Therefore, could you please complete the form below, prior to your child being admitted in to our care. If there are any subsequent changes to these details please let me know immediately.

Name of child:

Date of Birth:

PARENT / CARER 1

Name:

Relationship:

Legal contact YES / NO

Parental responsibility YES / NO

PARENT / CARER 2

Name:

Relationship:

Legal contact YES / NO

Parental responsibility YES / NO

PARENT / CARER 3

Name:

Relationship:

Legal contact YES / NO

Parental responsibility YES / NO

PARENT / CARER 4

Name:

Relationship:

Legal contact YES / NO

Parental responsibility YES / NO

Form completed & signed by **Date**.....

Welland Park Pre-School Parental Agreement

I accept the place for my child and agree to give **4 weeks term time written notice** should I wish to alter the hours/days that my child attends.

Where a child is on a government funded place, any hours attended below the minimum of 2.5 hours per day or above 15 hours or 30 hours (if eligible) per week over the 38 weeks per year period, must be paid for. I agree to notify the pre-school of my child's absence and the reason will be recorded in the register.

I understand that if I allow my child to start to access childcare at this setting but then withdraw them before headcount date, I will become liable to pay for all services accessed up to the date of withdrawal.

I have read and understand the Early Years Privacy Notice as detailed in my copy of the Welland Park Prospectus.

With regard to a non-funded place I understand that I am liable for payment of fees should my child be absent through sickness or holidays and in respect of cancellation (if 4 weeks written notice has not been given).

I agree to inform the pre-school of any changes regarding my child's circumstances, address, contact numbers and to put them in writing so that the pre-school can maintain correct details at all times.

I agree to the terms and conditions as stated above.

Signed.....Date.....

Please Print Billing Name & Address.....

.....Postcode.....

Signature.....

(If different from parent, please supply further details for our records)

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Welland Park Pre School. Emergency contact Form.

Childs Name _____

Date of Birth _____

Home Address _____

1st Contact Name _____ **Phone** _____

Mobile _____

Work _____

Relationship to Child _____

Please specify relationship to child: e.g. parent/grandparent/uncle/neighbour/Child-minder/friend

2nd Contact Name _____ **Phone** _____

Mobile _____

Work _____

Relationship to Child _____

Please specify relationship to child: e.g. parent/grandparent/uncle/neighbour/Child-minder/friend

3rd Contact Name _____ **Phone** _____

Mobile _____

Work _____

Relationship to Child _____

Please specify relationship to child: e.g. parent/grandparent/uncle/neighbour/Child-minder/friend

Please let us know if your child has any medical needs e.g. asthma, allergies etc

If we are unable to contact you please sign the declaration below:-

I give my permission that Welland Park Pre-School may take my child to hospital, if required and give permission for the staff at the hospital to carry out any necessary treatment.

Signature of person holding legal parental responsibility _____ Date _____