## j0439469**Wellesley Park Preschool**

 **Admission Form**

**Please complete all sections in BLOCK CAPITALS**

**Section A: Details about your child**

|  |  |
| --- | --- |
| Legal surname: |  |
|  |  |
| First name: |  |
|  |  |
| Middle names: |  |
|  |  |
| Date of Birth: |  |
|  |  |
| Preferred Start Date: |  |
|  |  |
| Gender (please tick) | Male |  | Female |  |
|  |  |
| Mother’s full name: |  |
| Mother’s home number: |  |
| Mother’s mobile number: |  |
| Mother’s place of work & phone number: |  |  |

|  |  |
| --- | --- |
|  |  |
| Father’s full name: |  |
| Father’s home number: |  |
| Father’s mobile number: |  |
| Father’s place of work & phone number: |  |  |

|  |
| --- |
|  |

Email address:

**Section B: Emergency contact details (if parents/guardian cannot be contacted**

|  |  |
| --- | --- |
| Name & Relationship to child: |  |
|  |  |
| Contact phone numbers: |  |
|  |  |
| Name & Relationship to child: |  |
|  |  |
| Contact phone numbers: |  |

**Section C: Parents/Guardians details**

|  |  |
| --- | --- |
| Child’s home address: |  |
|  |  |
|  |  |
|  |  |
|  | Post code: |  |
|  |  |
| Mother’s address (if different from above: |  |
|  |  |
|  |  |
|  |  |
|  | Post code |  |
|  |  |
| Father’s address (if different from above: |  |
|  |  |
|  |  |
|  |  |
|  | Post code |  |
|   |  |
| Home language: |  |

|  |  |
| --- | --- |
| Family religion/faith & ethnicity: |  |

**Section D: Other information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have joint parental responsibility?  | Yes |  | No |  |
| **or** |  |  |  |  |
| Does the mother have parental responsibility? | Yes |  | No |  |
|  |  |  |  |  |
| Does the father have parental responsibility? | Yes |  | No |  |
|  |  |  |  |  |
| Does the family have any involvement with Social | Yes |  | No |  |
| Services? |  |  |  |  |

|  |  |
| --- | --- |
| Does your child attend another Pre-School/Nursery setting? |  |

**Section E: Doctors details**

|  |  |
| --- | --- |
| Doctors name: |  |
|  |  |
| Practice/surgery address: |  |
|  |  |
|  |  |
|  |  |
|  | Post Code |  |
| Phone number:  |  |
| Health Visitor’s Name |  |
| Health Visitor’s Phone No. |  |
| Has your child had their 2 year old check done by a health visitor? |  |
| Did the Health Visitor have any concerns? |  |

**Section F: Medical information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the child wear glasses? | Yes |  | No |  |
|  |  |  |  |  |
| Are the glasses worn all the time?  | Yes |  | No |  |
|  |  |  |  |  |
| Does the child have hearing problems? | Yes |  | No |  |
|  |  |  |  |  |
| Does the child wear a hearing aid? | Yes |  | No |  |
|  |  |  |  |  |
| Does the child suffer from asthma? | Yes |  | No |  |
|  |  |  |  |  |
| If yes, does the child have an inhaler that  |  |  |  |  |
| needs to be kept at Pre-School? | Yes |  | No |  |
|  |  |  |  |  |
| Does the child have any allergies? | Yes |  | No |  |
|  |  |  |  |  |
| Are there any other medical conditions that  |  |  |  |  |
| preschool need to be aware of? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the child wear nappies? | Yes |  | No |  |

**If you have answered YES to any of the questions above, please give full details below**:

|  |
| --- |
|  |
|   |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **Immunisation Details** | **Tick** |
| Diptheria |  |
| Tetanus |  |
| Whooping Cough |  |
| Polio |  |
| Meningitis C |  |
| Hibs |  |
| MMR |  |
| None |  |

**Section G: Dietary information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the child have any special dietary  |  |  |  |  |
| requirements? | Yes |  | No |  |

If you have answered YES to the above question, please give full details below:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Preferred drink at café time – milk or water: |  |

**Section H: Declaration**

I confirm that all the information I have given is true to the best of my knowledge, information and belief and that I have read and understood the policies.

Signed: ------------------------------------------------------------------------------------------

Date: -------------------------------------------------------

**------------------------------------------------------------------------------------------------------------------------------------------------**

**Please note that all information will be treated in confidence and will not be disclosed to any other party.**

**Please return this form to the preschool office as soon as possible.**

|  |  |  |
| --- | --- | --- |
| **Section I: Consent Form** | Yes | No |
| I/We hereby give permission for staff to undertake first aid where necessary including applying plasters |  |  |
| I/We give authority for a staff member to accompany my/our child to hospital in an emergency |  |  |
| I/We give permission for my/our child to be photographed by staff for record keeping and observations |  |  |
| I/We give permission for my/our child’s photograph to be taken for advertising purposes/local press/social media (no faces are actually shown on social media sites) |  |  |
| I/We confirm that any photographs that I/We take of my/our child during a preschool event will only contain my child and no other children |  |  |
| I/We will allow preschool to keep written records/assessments of my/our child and to forward them on to their school |  |  |
| I/We will apply a high factor sunblock for my child before they attend half day sessions and an all-day high factor sunblock before they attend all day |  |  |
| I/We will allow my/our child to have face paint applied on various occasions by staff or approved visitors |  |  |
| I/We allow the Wellesley Park Preschool Manager the ability to hold, collect and process any data regarding our child.This is a new EU regulation covering data protection which comes into force on the 25th May 2018. |  |  |
| I/We are happy for my/our child to be discussed at meetings involving other outside professionals who are involved with them eg Speech & Language, Health Visitor, staff of other preschools/nurseries which they attend. |  |  |
| I/We agree to and understand the preschool policies |  |  |

Signed………………………………………………………………………………………….Date……………………………………

Preferred Sessions (please tick those required, although this may not always be possible)

Please note that lunch is eaten at the start of the PM session.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DAY | AMSESSION(8.45am-11.45am) | EXTENDED AM SESSION(8.45am-12.15pm) | PMSESSION(12.15pm-3.15pm) | EXTENDED PM SESSION (11.45am – 3.15pm | ALL DAY SESSION8.45am – 3.15pm |
| MONDAY |  |  |  |  |  |
| TUESDAY |  |  |  |  |  |
| WEDNESDAY |  |  |  |  |  |
| THURSDAY |  |  |  |  |  |
| FRIDAY |  |  |  |  |  |

If you find that you no longer need the place, please inform [us/me] as soon as possible. Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice).